

# MISSOURI

## STATE BOARD OF NURSING NEWSLETTER



The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 120,000 to all RNs and LPNs

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## Message from the President

### The Difference Between Boards & Associations

**Roxanne McDaniel, PhD, RN, President**

The Missouri State Board of Nursing (Board) is aware that there can be confusion regarding the difference between the Board and nursing organizations or associations. This article provides a brief summary of the role of the Board and the role of associations: how they differ and what they have in common.

- The Missouri State Board of Nursing is a regulatory board. It is an agency of state government that was established through enactment by the Missouri General Assembly (the state legislature) of a law that mandates both the structure of the Board and the Board's functions. The Board consists of nine individuals, five of whom must be RNs, two of whom must be LPNs and one public member appointed by the governor. Board members are public officials and their meetings are open to the public, as are many of their records. The regulatory body is a governmental body to which individual health care practitioners **must** pay fees (called licensure fees) in order to practice legally in the state of Missouri.
- Associations and organizations include the Missouri League for Nursing, Missouri Nurses Association, the Missouri Association of Licensed Practical Nurses, the Missouri Association of Nurse Anesthetists, and state chapters of other specialty organizations such as operating room nurses, critical care nurses, occupational nurses,

school nurses and other nursing specialty groups. A board of trustees elected by association members typically runs associations. Association meetings can be closed to the general public. The association is a non-governmental body whose members pay voluntary membership dues.

**Associations and the Board of Nursing share the goal of providing safe care to the citizens of Missouri; however, their ways of accomplishing this goal are significantly different.**

- The Board exists solely to enforce the law and rules that regulate practice. The Board has authority to establish requirements individuals must meet to obtain a license to practice nursing. The Board approves pre-licensure nursing education programs, oversees the licensure examination of nurses, and takes disciplinary action when a licensee violates the law. These activities help to assure that only qualified individuals provide care to the public.
- Associations bring nurses together to develop professional standards and practices, codes of ethics, and to promote and protect the economic and general welfare of nurses. These activities also enhance patient safety by helping to improve the quality of the nursing care provided. Associations provide services to their members and represent the individuals who are part of that profession.

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## Executive Director's Report

**Authored by Lori Scheidt, Executive Director**

### Missouri State Board of Nursing Elects Officers

The Missouri State Board of Nursing elected board officers at their September 6, 2013 meeting.

Dr. Roxanne McDaniel was re-elected as president. Dr. McDaniel is the Associate Dean at Sinclair School of Nursing. She has served on the Missouri State Board of Nursing since October 2009. She has been chair of the board's education committee since 2011. She holds undergraduate and graduate degrees from Creighton University and earned her doctorate from the University of Texas at Austin.

Rhonda Shimmens was re-elected as vice-president. Ms. Shimmens is the manager of outpatient surgery at St. Mary's Health Center in Jefferson City. She holds a bachelor and associate degrees in nursing and a MBA with an emphasis in health management from William Woods University. She has served on the board since April 2009.

Lisa Green was elected as Secretary. Lisa Green is a nurse educator who holds a master of science in nursing and has an extensive nursing practice and nurse educator career.

### 2013 Fiscal Year Statistics

The 2013 fiscal year for Missouri State government began July 1, 2012 and ended June 30, 2013.

The Board reviews complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline. The Board may impose censure, probation, suspension, and/or revocation.

The Board of Nursing may take disciplinary action against a licensee for violation of the Nursing Practice Act (see 335.066, RSMo). The Board is authorized to impose any of the following disciplines singularly or in combination:

- Censure—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee's file.
- Probation—places terms and conditions on the licensee's license.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed 3 years. Revocation—most restrictive discipline. The

*Executive Director's Report continued on page 2*

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The Honorable Jeremiah W. (Jay) Nixon

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#### Division Of Professional Registration

Jane A. Rackers, Director

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*Member*

Mariea Snell, MSN, BSN, RN, FNP-BC  
*Member*

#### Executive Director

Lori Scheidt, MBA-HCM

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## Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses ( <i>MoSALPN</i> )	573-636-5659
Missouri Nurses Association ( <i>MONA</i> )	573-636-4623
Missouri League for Nursing ( <i>MLN</i> )	573-635-5355
Missouri Hospital Association ( <i>MHA</i> )	573-893-3700


Number of Nurses Currently  
Licensed in the State of  
Missouri

As of October 24, 2013

Profession	Number
Licensed Practical Nurse	25,305
Registered Professional Nurse	95,723
Total	121,028

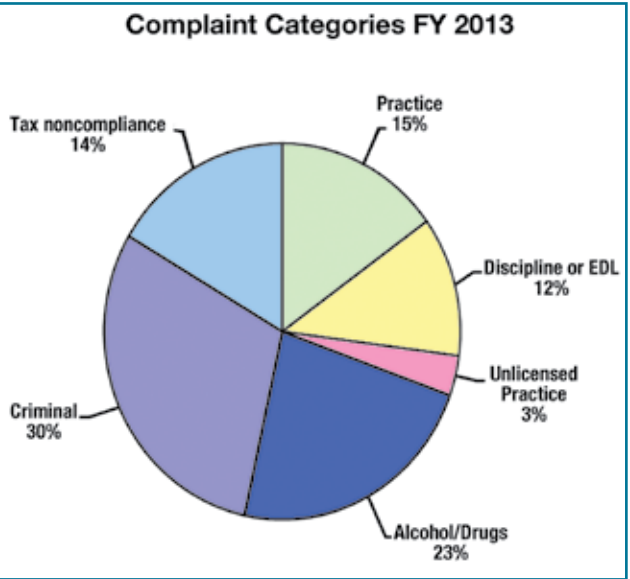
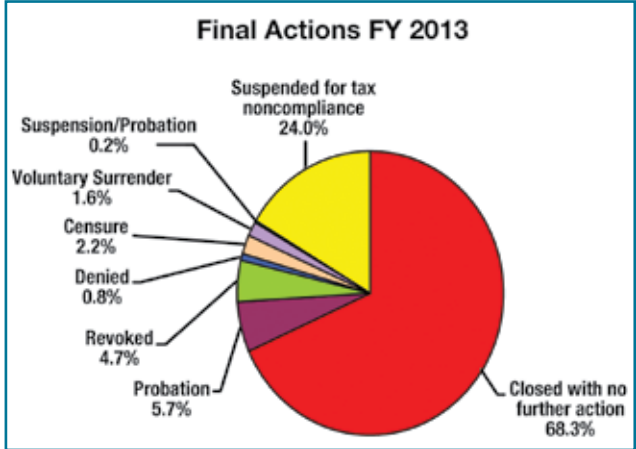
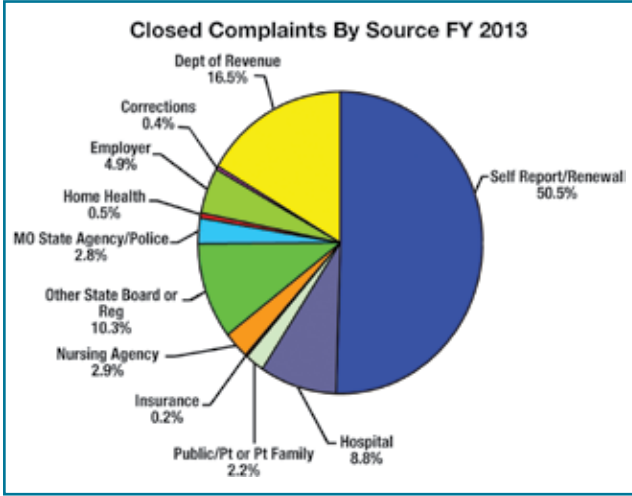
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Executive Director's Report continued from page 1

- imposition mandates that the licensee immediately loses his/her license and may no longer practice nursing in Missouri.
- The following charts show the category and source of complaint and application reviews that were closed this past fiscal year. There were 2205 Board decisions made in fiscal year 2013.



Licenses Issued in Fiscal Year 2013

	Registered Nurse	Licensed Practical Nurse
Licensure by Examination (includes nurses not educated in Missouri)	3551	1364
Licensure by Endorsement	1814	248
Licensure by Renewal of a Lapsed or Inactive License	1059	617
Number of Nurses holding a current nursing license in Missouri as of 6/30/2013	93,047	34,341

There were 697 new Advanced Practice Registered Nurse applications approved in fiscal year 2013. The Board granted 230 nurses advanced prescriptive authority in fiscal year 2013.

Licensure Database Information

The average age of nurses continues to stay about the same. This is based on all nurses licensed in Missouri, regardless of where they reside.

Profession	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
RN	45	46.12	46.28	46.35	46.62	46.6	47.1	46.5	46.60	46.50
LPN	44	45.13	45.36	45.00	45.32	45	45.7	45.1	45.69	45.97
APRN									47.73	47.63

The following three maps depict the average age by county and the number of nurses in each county who had a current Missouri nursing license and Missouri primary address as of July 1, 2013. The average age on the following maps is the average age of nurses that reported Missouri primary residence. The average age in the table above is the average of nurses licensed in Missouri, regardless of residence address

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# Nursing Program Approval Statistics

Authored by Bibi Schultz, RN MSN,  
 CNE Education Administrator

- Missouri State Board of Nursing (MSBN) Education Committee Members:
- Roxanne McDaniel, RN, PhD (Chair)
  - Lisa Green, RN, PhD(c)
  - Mariea Snell, MSN, BSN, RN, FNP-BC

By Missouri Statutes the Missouri State Board of Nursing (MSBN) has jurisdiction over approval of pre-licensure nursing programs in Missouri. This means that any nursing program that prepares nursing students for initial licensure as a registered or licensed practical nurse must have MSBN program approval to operate. Currently 105 pre-licensure nursing programs are approved by the MSBN. MSBN program approval status may range from initial to full or at times conditional approval. Ninety-four (94) of those programs or 89.5% are currently on full MSBN program approval.

The Missouri Nurse Practice Act (MO NPA) outlines rules for approval of new and existing nursing programs. As of July 30th, 2013, revised Minimum Standards (nursing education rules within the MO NPA) are in effect. Some changes in approval processes for new and existing nursing programs are indicated. A link to revised Minimum Standards can be accessed through the MSBN website. Approval rules for establishment of new nursing programs ensure that appropriate preparation and resources are in place to support operation of a new nursing school. Preparation and resources necessary to establish an environment conducive to teaching and learning, to seek out and secure sufficient opportunities for lab and clinical placement as well as provide appropriate student services are often underestimated. The MSBN receives proposals for establishment of new nursing programs on regular basis. Minimum Standards address proposal requirements in great detail. Proposals must sufficiently address all required aspects of the new nursing program in order to gain approval by the MSBN. It is to be noted that the MSBN takes its responsibility to approve nursing education programs very seriously. In the

overarching MSBN mission to protect the public, approval of nursing programs plays an important part. After all, Missouri citizens trust nursing programs to prepare nursing professionals that have the knowledge and skills to safely care for them in their time of need.

Initiation of proposal processes requires submission of a letter of intent. Since recent revision of Minimum Standards letters of intent are now called petitions for establishment of new nursing programs. Since 2007 the MSBN received a total of thirty (30) letters of intent (petitions). Out of those, twenty-one (21) letters indicated the intent to establish a new nursing program in Missouri; nine (9) letters reflected plans for major expansion of an existing Missouri pre-licensure nursing program. While rules do not require a letter of intent (petition) for program expansions, many nursing programs choose to submit such letters to formally indicate their plans to the MSBN, since approval for expansions or any increase in enrollment is required. Since late 2007 the MSBN received fourteen (14) proposals for establishment of new pre-licensure nursing programs. The MSBN initially approved seven (7) of those proposals. When approval of a new nursing program is granted, it is contingent on an on-site survey by MSBN representatives. Initial approval on-site surveys are conducted just prior to the projected program's start date to ensure appropriate preparation and resources to initiate instruction.

Since 2008 six (6) new pre-licensure nursing programs have been established. One (1) of the proposals had been initially approved, but processes to establish the new nursing program were voluntarily terminated due to major resource issues at the time of the initial approval on-site survey. New program approval statistics indicate that within the past five (5) years, 50% of proposals for establishment of new nursing programs were approved by the MSBN; 42.85% of proposals actually lead to operation of new nursing programs. While several of the new programs are just starting to have graduates, at least four (4) have current NCLEX licensure exam pass rates well above the required 80%. Overall, 94.28% of Missouri pre-licensure nursing programs have an official 2012 NCLEX pass rate above 80%. Only first-time testers taking the licensure exam

within one (1) year of their graduation date are captured in these numbers. Missouri NCLEX pass rates consistently exceed national averages.

MSBN approval statistics indicate an increased trend in major expansion of existing nursing programs. Innovative approaches to expand resources and to offer options to complete pre-licensure nursing studies in traditional and hybrid format are included. Accelerated completion of BSN and MSN degrees for applicants coming to nursing education with prior degree(s) in related fields is often addressed. Since 2008 the MSBN received seventeen (17) proposals for major program expansions; fourteen (14) of those were approved. Several requests for approval of smaller increases in enrollment were approved as well. While Missouri pre-licensure nursing programs are generally quite resourceful in overcoming resource barriers, shortages in qualified faculty and limited opportunities to expand clinical placement often halt desired program expansions.

The MSBN carefully evaluates each proposal to ensure that resources are sufficient to meet projected educational and instructional needs of students and faculty. As indicated earlier, competition to find and retain qualified faculty and to ensure opportunities for clinical placement are just some of the challenges that educators face. It is important to note that while access to nursing education across the state is so important and opportunities for articulation/transferability of nursing credits are always considered, MSBN approval responsibility for pre-licensure nursing education is very serious. Potential impact on patient safety/protection of the public cannot and should not be underestimated. MSBN responsibility to ensure that instructional quality is maintained remains at the forefront of approval decisions. Expansion of opportunities and optimal access to quality nursing education with seamless progression to advanced nursing preparation is a major goal. MSBN rules and requirements are in place to guide approval processes according to quality indicators. Approval processes are designed to reflect deliberate action to support and ensure quality pre-licensure nursing education. While innovation in nursing education is embraced and supported, quality and safety remain the bedrock for nursing education in Missouri.

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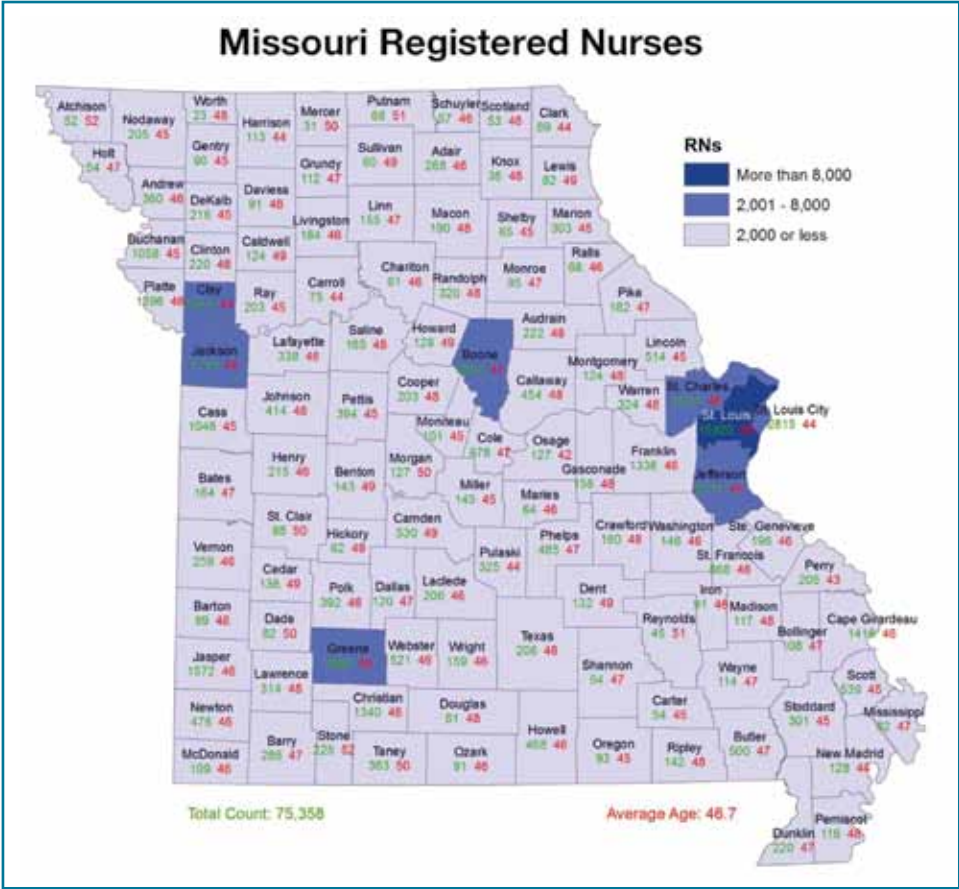
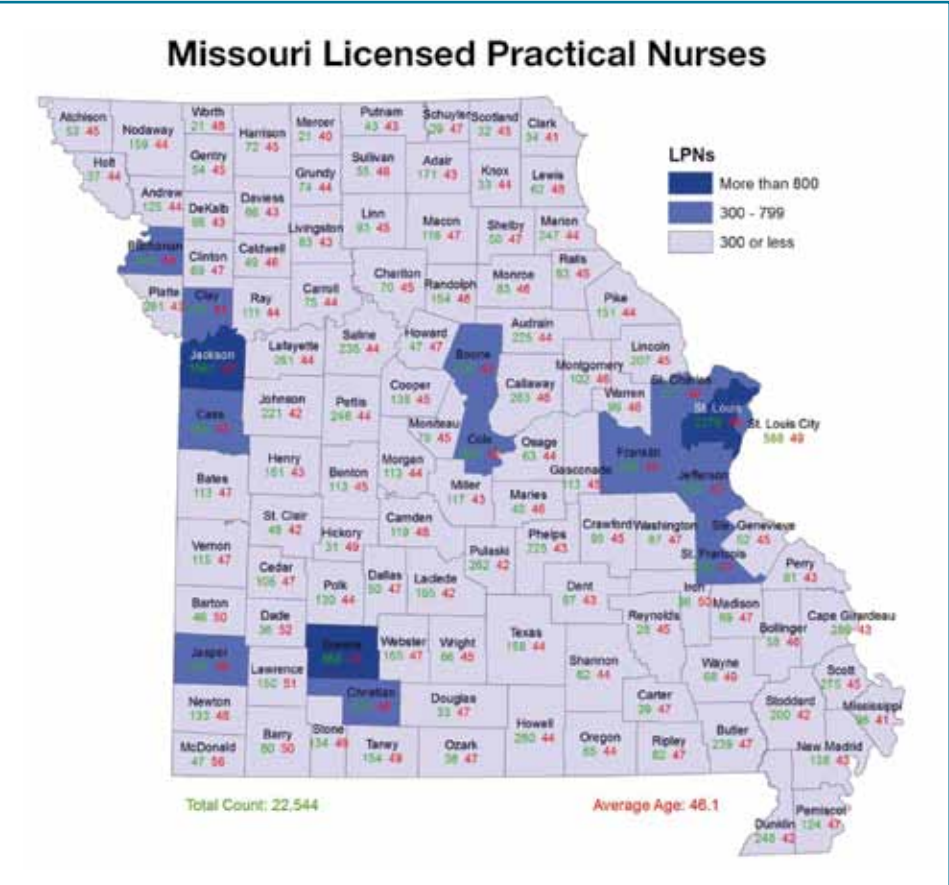
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The Difference Between Boards continued from page 1

Enforcing the law

- When regulatory boards enforce the law, they impose penalties on individual licensees for failure to practice in accordance with that law. Those penalties may include a censure (reprimand), a practice restriction (probation), a suspension from practice, or a permanent revocation of the privilege to practice. The severity of the action taken depends upon the violation as well as aggravating and mitigating circumstances. It is important to note that the Board of Nursing enforces the law and rules regulating the practice of nursing as the law currently is stated, not how individuals may wish the law to be. The Board only has the authority to take disciplinary action against those who are regulated by the Board. Those who are regulated by the Board are RNs, LPNs and APRNs. The Board may investigate situations that involve the activities of those who are not RNs, LPNs or APRNs. However, the Board cannot take action in cases involving non-licensees without the assistance of county prosecutors willing to prosecute the unauthorized practice of nursing. The Board can gather all the evidence proving unauthorized practice but must depend upon the county prosecutor to actually bring charges against the individual.
- The Board does not have authority over the employers of nurses. Mandatory overtime, double shifts and other similar employment issues are outside of the Board's authority. But if an employer is directing nurses to act in ways that are not consistent with standards of safe care, as those are set forth in the law, the Board may be notified and a complaint may be filed so an investigation can proceed.

Missouri Nursing Organizations

Nursing organizations provide opportunities to connect with other nursing professionals, share best practices, learn about trends and educational opportunities and advance the profession. The information that follows was provided by the respective Missouri nursing organizations. We did not edit the information the nursing organizations provided to our office for this newsletter. *Reprinting this information does not imply endorsement or approval by the Board;* the intent is to inform the reader of Missouri nursing organizations.

The Missouri Organization of Nurse Leaders

The Missouri Organization of Nurse Leaders offers its members educational and networking opportunities designed to encourage the advancement of effective nursing leadership in Missouri. Membership is open to all registered nurses in Missouri who serve in leadership positions or who aspire to be leaders. MONL membership also is available for graduate nursing faculty, nursing management consultants, editors of professional nursing journals and individuals employed by professional licensing, accrediting or quality improvement

organizations that support MONL's mission and goals. MONL is a personal membership group of the Missouri Hospital Association and an affiliated local group of the American Organization of Nurse Executives.

MONL's vision is to promote nursing leadership today, while preparing nursing leaders for tomorrow. To achieve this, MONL:

- serves as a supportive, networking resource.
- forms strategic relations and partnerships with other nursing organizations promotes the role of nurses in leadership positions through education, mentoring, career development, collaboration and recognition.
- engages and energizes nurse leaders to envision and develop innovative and creative solutions to present and future nursing issues.

An organization since 1979, MONL keeps members apprised of regulatory and legislative issues and advocates on behalf of its members. We strive to strengthen and increase MONL's visibility through networking and sharing best practices through our listserv, Website, newsletter and representation on state, regional and national committees and task forces. We also work to build strategic relationships with other nursing and health care organizations such as the Missouri Nursing Coalition, schools and regulatory bodies. Through conferences and our on-line database, MONL promotes educating, mentoring and developing excellent nurse leaders.

"MONL membership offers nurse leaders and emerging nurse leaders the opportunity to share lessons learned as well as to collaborate for a better tomorrow, says MONL president, Patti Muxlow, RN, BSN, MHA. "The value in health care today is in Nursing. There is no better time to join MONL then now."

Membership dues are \$50 per year. To learn more about MONL, visit [www.monurseexec.org](http://www.monurseexec.org) or contact Sharon Burnett at 573/893-3700, ext. 1304 or [sburnett@mail.mhanet.com](mailto:sburnett@mail.mhanet.com).

The Missouri State Association of Licensed Practical Nurses, Inc.

The Missouri State Association of Licensed Practical Nurses, Inc., (MoSALPN) is a non-profit organization which was established on May 24, 1948 and is the only professional organization in Missouri representing the state's 24,651 Licensed Practical Nurses.

MoSALPN's primary objectives are:

- Education – We assume responsibility for stimulating, developing and promoting systematic continuing education for our members at an affordable price. We grant yearly Practical Nursing scholarships to assist students in meeting their educational goals and objectives.
- Representation – We provide representation for the LPN in the community. Maintain a good rapport with the health services groups and Associations in the state.
- Information – We serve as a resource center for informational material for LPN's. This is accomplished through activities, conventions and by publication of the official newsletter, the

Broadcaster.

- Legislative Activities – We have a Legislative Consultant team that keeps our members abreast of legislative activities that might have a positive or adverse effect upon the profession of nursing.

MoSALPN is a member of NAPNES (Our National LPN Association), The Missouri Nurses Coalition and The Missouri League for Nurses to name of few. Being involved with these notable organizations allows us to stay connected to our colleagues on a local and national level.

MoSALPN members are offered opportunities for education, personal and professional development, as well as visibility, support and access to industry leaders. Our membership is not only open to LPN's, but also RN's, MD's, Student Practical Nurses, Practical Nurse Educators, agencies, organizations and other individuals that are interested in promoting the professional practice and education of Practical Nurses.

Your membership is critical to our mission of advancing the education of the Licensed Practical Nurse. Memberships start as low as \$20.00 a year, so if you haven't joined or renewed your membership, now is the time.

To learn more about MoSALPN, visit [www.mosalpn.org](http://www.mosalpn.org) or contact Vickie Smith at 573/636-5659 or [mosalpn@centurylink.net](mailto:mosalpn@centurylink.net).

Missouri League for Nursing

The Missouri League for Nursing (MLN) is a not-for-profit organization established in 1953 to support the delivery of quality health care by nurses and other health care providers through education, collaboration, and information. The MLN is the leading organization for promoting quality health care through not only programs designed to meet members and health care professionals continuing educational needs but also as a voice to be heard by others through our collaboration and networking with other professional organizations and involvement with many coalitions across the state. The Missouri League for Nursing is one of the top constituent leagues in the nation and has been recognized several times during the past 15 years for their leadership and service-including being selected for the NLN Distinguished Service Award in 1999.

The MLN offers over 150 continuing education workshops at 21 geographical locations across the State of Missouri for a variety of health care providers.

MLN is committed to continuous growth, improvement, and understanding. The status quo and mediocrity are not tolerated. MLN strive to provide quality continuing education to health care professionals while understanding that their needs are fluid, and we continue to stay abreast of the latest trends and technology to meet the learning needs of health care professionals.

Relationship Building

MLN embraces acceptance and respect of each individual and recognizes individual differences and uniqueness among persons, ideas, values, and ethnicities.

The Difference Between Boards continued on page 6


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The Difference Between Boards continued from page 5

We work with health care professionals and health care organizations to provide continuing education programs that are vital to the direct and indirect care of residents/patients and their families and their community.

Integrity

Open communication, ethical decision making, and humility are demonstrated consistently. Not only is doing the right thing how we do business, but our actions reveal our commitment to truth telling and openness.

Mission Statement

To advance the nation's health by supporting the delivery of quality health care by nurses and other health care providers through education, collaboration, and information.  
To learn more about educational offerings provided by the MLN, please visit [www.mlnmonursing.org](http://www.mlnmonursing.org), or call 573.635.5355.

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MONA is at the forefront of policy initiatives pertaining to nursing and health care. Among the priority issues are: a restructured health care system that delivers primary health care in community based settings; an expanded role for registered nurses and advanced practice registered nurses in the delivery of basic and primary health care; obtaining federal and state funding for nurse education and training; and helping to change and improve the health care environment.  
Through MONA's political and legislative program, the association has taken firm positions on a range of issues including patients' rights, appropriate staffing, safe needle devices, whistleblower protections for health care workers, adequate reimbursement for health care services and access to health care for all Missourians. The Missouri Nurses Association over one hundred years later has grown in membership; expanded its services; published a vast collection of material on nursing practice and the profession; established a code of professional nursing; developed and instituted the means for registered nurses to be credentialed in areas of specialization; but most of all became legislatively involved to advance the nursing profession so that the roles, duties and practice areas of nursing are respected in the world today. MONA has open arms to welcome all dimensions of nursing practice and to advocate for each and every nurse.  
Membership in MONA and ANA benefits the nurse by giving opportunities to interact with nurses around the state and avenues to participate in the decisions being made that affect you and the nursing profession. MONA is key in protecting the Nursing Practice Act for all nurses in Missouri, instrumental in advancing the rights of registered nurses and advanced practice nurses in Missouri and the voice for nurses at the Missouri state legislature. A strong membership base gives each of us more clout – and as we work together as a stronger voice in health care policy. MONA membership not only shows your commitment to your profession and the welfare of your patients, it shows your commitment to yourself.  
**Legislative Advocacy**  
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is significant and many members consider legislative representation to be one of the most important benefits of membership. As a member of MONA each nurse has the opportunity to participate in shaping public policy that impacts the profession and direct patient care. Legislative advocacy and representation is only one of MONA's many benefits and opportunities for involvement. This includes representation for Registered Nurses and the nursing profession, legislative updates, legislative action alerts and the opportunity to work with our professional lobbyist.  
**Leadership**  
MONA offers you the opportunity to develop nurses' leadership skills outside of the practice setting with opportunities to serve on committees, task forces and coalitions at the state level and nationally through the American Nurses Association. Leadership positions are also readily available. The opportunities are diverse and many. By joining the professional association, you show leadership by making the statement that being a registered nurse is more than just your job. It is your profession and you want to be involved in decisions that affect your practice and profession.  
**Education**  
The Missouri Nurses Association is an accredited approver and provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC COA). MONA offers two different approval processes for agencies/organizations/facilities to utilize to obtain continuing nursing education for programs that they provide:  
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To learn more about MONA and continuing education, please contact Sara Fry, Continuing Education Coordinator, by [sara@missourinurses.org](mailto:sara@missourinurses.org) or phone: 573-636-4623 ext. 224.  
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# Highlights of the National Workforce Survey of Registered Nurses

Jill S. Budden, PhD; Elizabeth H. Zhong, PhD; Patricia Moulton, PhD; and Jeannie P. Cimiotti, DNSc, RN

Over the past 3 decades the Health Resources and Services Administration has reported on the supply of registered nurses (RNs) through the *National Sample Survey of Registered Nurses* (NSSRN). Data collection from the most recent, and final, NSSRN was completed in 2008; hence, there is no current data on the nationwide supply of RNs. This current project was conducted by the National Council of State Boards of Nursing and the Forum of State Nursing Workforce Centers to fill this ongoing need and is titled, *The National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers 2013 National Workforce Survey of RNs*. This article presents the highlights of the study and its results.

Having an adequate supply of registered nurses (RNs) in the U.S. workforce is critical to ensuring a safe and effective health care system. Over time, there has been a substantial body of evidence to suggest a potential shortfall of nurses that could have a major impact on health care delivery. The factors contributing to this RN shortage include the aging of the U.S. population, the aging of the RN workforce, the Patient Protection and Affordable Care Act, which predicts that 30 million more U.S. residents will become insured and seek medical care in the years ahead. Data on the RN workforce can be used to predict possible shortages and assist in the allocation of resources, program development, and recruitment efforts in both the health care system and education sectors.

Over the past 3 decades, the Health Resources and Services Administration (HRSA) has reported on the supply of RNs through the *National Sample Survey of Registered Nurses* (NSSRN). Data collection from the most recent, and final, NSSRN was completed in 2008; hence, there is no current data on the nationwide supply of RNs. This current project was conducted by the National Council of State Boards of Nursing (NCSBN) and the Forum of State Nursing Workforce Centers to fill this ongoing need and is titled *The National Council of*

*State Boards of Nursing and the Forum of State Nursing Workforce Centers 2013 National Workforce Survey for RNs* (National Council of State Boards, 2013). The survey was opened in January 2013 and closed in March 2013. This article presents the highlights of the full survey report and its results.

### Method

A variety of methods to collect workforce data about the U.S. nursing population was examined. The most comprehensive, valid, and cost-effective method was chosen for this study.

### Participants

All RNs in the United States and its territories were eligible candidates for survey participation. A random sample, stratified by state, was obtained. A portion of the sample was drawn from Nursys®, NCSBN’s licensure database. This database contains basic contact and demographic information for RN licensees from 49 U.S. jurisdictions. At the time of study sampling, Nursys contained information on 3,998,416 RNs licensed to practice in U.S. jurisdictions. This number, however, included individuals with multiple licenses. RNs with multiple licenses in the Nursys database were de-duplicated before sampling, to ensure that they were not over sampled. The remaining six jurisdictions (i.e., Alabama, Connecticut, Georgia, Hawaii, Oklahoma, and Pennsylvania), which did not participate in Nursys at that time, were contacted and asked for a database of all active RN licensees in their state – this brought the total list to 4,104,854 RNs. From this list, 109,853 RNs were sampled, stratified by state. 1,603 had addresses that were undeliverable, and of the remaining 108,250 RNs, 42,294 responded, for a response rate of 39%.

### Materials

The Forum of State Nursing Workforce Centers Minimum Dataset (MDS) was utilized for the primary questions on the survey. This instrument was created through a process of consensus-building. Forum workgroups (participating states included Alabama,

Colorado, Florida, Hawaii, Illinois, Indiana, Iowa, Massachusetts, New Jersey, North Dakota, Oklahoma, Tennessee, Vermont, and West Virginia) drafted the dataset. Following a public comment period, which allowed input from national organizations, the Forum voted and approved the datasets in September 2009. NCSBN and The National Forum of State Nursing Workforce Centers currently use the MDS questionnaire to collect data on the nursing workforce at the state level and believe that the dataset enhances the ability to plan for the future. More information about the development and current status of implementation can be found in Moulton et al. (2013) and Nooney et al. (2010). Additional questions pertaining to the Nurse Licensure Compact and tele-health were added as a supplement to the MDS by NCSBN.

### Procedure

Surveys were distributed in early 2013 using a modified Dillman approach (Dillman, Smyth, & Christian, 2009), which included the following steps:

1. Week 1: RNs in the initial sample received a telephone announcement that they should expect a survey in the mail. The telephone announcement stated the purpose and importance of completing the survey. The day after the telephone announcement, a letter inviting RNs to participate in the survey was mailed and included a \$1 incentive. The letter, which explained the voluntary nature of the survey and the due date for the following week, contained a link for online survey participation. The letter was sent first class to allow the return of invalid addresses.
2. Week 3: A hardcopy of the survey was sent to nonresponders, and included an online option. Participants were instructed to complete the survey within the following 2 weeks.
3. Week 5: A telephone announcement was sent to remind nonresponders to complete the survey, and to thank those who had already participated.

Highlights of the National Workforce continued on page 8

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4. Week 7: A hardcopy of the survey was sent to nonresponders, and included an online option. Participants were instructed to complete the survey within the following 2 weeks.
5. Week 9: Deadline for surveys and closure of the online option.

Nonresponse Analyses and Sample Weighting

A formal nonresponse bias analysis was conducted following the close of the survey. Although response rates are a valuable indicator of survey quality, they may not be a good measure of response bias. An analysis of basic demographic data (i.e., gender, age, race/ethnicity, number of years since graduation, number of years since first licensed) for all RN licensees sampled from the Nursys database was used to compare the survey respondents and nonrespondents, to determine the representativeness of the survey participants.

Summary of Results

The current study was a collaborative research effort that identified the most current characteristics of the RN workforce in the United States.

Results were compared to HRSA (2010) results, which were based on RN workforce data from 2008, and HRSA (2013) results, which were based on Census data from 2008–2010. Importantly, when comparing the current study’s results to those of HRSA (2013) it should be noted the HRSA (2013) data were from individuals who reported their current occupation as nursing and who currently had or were seeking a job. These data were obtained from the U.S. Census Bureau’s American Community Survey. The current study was a survey of all RN licensees, which included individuals who were not actively employed in nursing. In the current study, 82% of the respondents were actively employed in nursing. Also, when comparing the current study’s results with those of HRSA (2010), it is important to note that HRSA’s (2010) survey was longer and more detailed; hence, some grouping of the data could not be performed in a similar manner. Data comparisons should be interpreted with caution.

Gender

The current study indicated that male RNs are a relatively small but growing minority in the nursing workforce (see Table 1). An examination of gender, by year licensed cohort, revealed a trend toward an increase in the proportion of males in the workforce. Specifically, for respondents licensed before 2000, 5% were male, while of those licensed between 2010 and 2013, 11% were male.

Examining highest education of RNs by gender, the current data show 71% of male respondents and 62% of female respondents are working in nursing and held bachelor or higher degrees in nursing and any nonnursing field.

The job titles with the highest percentage of men were the following: “advanced practice nurse” (12%), “nurse manager” (7%), and “staff nurse” (7%).

TABLE 1		
Gender		
	(n = 40,365)	Percentage
Male	2,679	7%
Female	37,686	93%

TABLE 2						
Average Age of Registered Nurse Respondents						
	n	M	SD	Min	Max	Median
Overall	34,880	50	13	18	99	52

TABLE 3		
Age Distribution of Registered Nurses who Work as Faculty		
Age	Faculty position	
	Principal position (n = 889)	Secondary position (n = 480)
Younger than 30	34 (4%)	23 (5%)
30 to 34	33 (4%)	20 (4%)
35 to 39	53 (6%)	38 (8%)
40 to 44	55 (6%)	46 (10%)
45 to 49	76 (9%)	53 (11%)
50 to 54	147 (17%)	72 (15%)
55 to 59	171 (19%)	110 (23%)
60 to 64	195 (22%)	70 (15%)
65 and older	126 (14%)	48 (10%)

Age

The average age of the respondents was 50 years (see Table 2); HRSA (2013) found an average age of 44.6 years. More than half (53%) of those working in nursing were age 50 or older.

In terms of advanced practice registered nurses (APRNs), there is a trend towards the aging of the nurse midwife workforce, more so than any other group of APRNs. The current study also found fewer certified nurse midwives (CNMs) under the age of 40 – 20% compared to HRSA’s (2013) 23%. Similarly, there were increased numbers of CNMs in the over 40 categories: 63% were age 50 or older compared to HRSA’s (2010) 55%. A striking 31% of CNMs in the current study were age 65 or older, a 20% jump from HRSA (2010) results.

In terms of nurse faculty, 72% of respondents who held a principal position as full-time faculty were age 50 or older (see Table 3), indicating the emerging shortage of nurse faculty and the potential shortage in the future. Only

TABLE 4		
Registered Nurses by Race/Ethnicity		
	(n = 41,880)	Percentage
American Indian or Alaska Native	453	1%
Asian	2,561	6%
Black/African American	2,632	6%
Native Hawaiian or Other Pacific Islander	237	1%
White/Caucasian	34,838	83%
Hispanic/Latino	1,407	3%
Other	506	1%

TABLE 5		
Type of Nursing Degree/Credential that Qualified Respondents for First U.S. Nursing License		
	(n = 41,823)	Percentage
Vocational/practical certificate-nursing	1,994	5%
Diploma-nursing	7,365	18%
Associate degree-nursing	16,152	39%
Baccalaureate degree-nursing	15,019	36%
Master’s degree-nursing	1,218	3%
Doctoral degree-nursing (DNP)	18	< 1%
Doctoral degree-nursing (PhD)	26	< 1%
Doctoral degree-nursing other	30	< 1%

14% were younger than age 40, indicating that younger RNs are not choosing to work as full-time faculty. Of those with a secondary faculty position, 63% were age 50 or older, and 17% were younger than age 40. These data are comparable to those of HRSA (2010), which found that almost 60% of nurse faculty were older than age 50, and only 15% were younger than age 40. It continues to be evident that younger RNs are not choosing to work as faculty in academic nursing education programs.

Racial/ethnic diversity

According to the U.S. Census Bureau (2013), individuals from ethnic and racial minority groups accounted for 37% of the U.S. population in 2012. The current study found that 19% of responding RNs were from a minority population (see Table 4).

This percentage is a slight increase from that of HRSA (2010), which found that 17% were from a minority population. As compared to those licensed before 2000, newly licensed nurses were more likely to have a more diverse racial/ethnic composition. In particular, the percentages of RNs of Asian, Black/ African American, and Hispanic/Latino descent increased in the most recent licensed cohorts.

TABLE 6		
Highest Level of Education		
	(n = 41,018)	Percentage
Vocational/practical certificate-nursing	25	< 1%
Diploma-nursing	4,319	11%
Associate degree-nursing	11,332	28%
Associate degree-other field	286	1%
Baccalaureate degree-nursing	14,097	34%
Baccalaureate degree-other field	3,091	8%
Master’s degree-nursing	4,846	12%
Master’s degree-other field	2,203	5%
Doctoral degree-nursing practice (DNP)	143	< 1%
Doctoral degree-nursing (PhD)	217	1%
Doctoral degree-nursing other	63	< 1%
Doctoral degree-other field	396	1%

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Highlights of the National Workforce continued from page 8

An examination of RN job titles, by race/ethnicity found that “nurse faculty” and “nurse executive” had the least diversity (87% and 86%, respectively, White/Caucasian), while “staff nurse” had the most diversity (79% White/Caucasian) .

Education

The current study found an increase in the percentage of respondents with a BSN as their initial education, as compared to previous HRSA studies (see Table 5). Approximately 39% of RNs held either a BSN (36%) or graduate degree (3%) as their initial credential. The increase in the percentage of respondents with a BSN as their initial education aligns with HRSA’s (2013) results, which found an increase in baccalaureate-prepared first- time NCLEX-RN® test takers, a 135% growth from 2001 to 2011.

When asked to indicate highest level of education, 61% of respondents in the current study indicated that they had obtained a baccalaureate or higher degree (see Table 6). Using 2008–2010 data, HRSA (2013) found that 55% of RNs reported their highest degree as a baccalaureate or higher. This was an incremental increase from 2000 Census data that indicated 50% of RNs obtained a baccalaureate or higher degree. HRSA (2010) found an increase in the percentage of RNs with a baccalaureate or higher degree from 28% in 1980 to 50% in 2008; however, this includes only baccalaureate or higher degrees in nursing or nursing-related fields.

An examination of initial education of RNs by year licensed cohort revealed that RNs licensed between 2000 and 2013 were more likely to have obtained a BSN as their initial education (42%–44%) versus RNs licensed before 2000 (33%). However, the data did not show that newly licensed nurses were more likely to have a BSN as their initial entry into the field.

Foreign-educated nurses are another important resource for the U.S. RN workforce, especially in times of shortage in domestic supply (HRSA, 2013). HRSA (2010) revealed that 5% of the RNs licensed before 2004 were foreign-educated nurses, and 8% since then. Results from the current study indicated that the majority of responding RNs (94%) received their entry-level education in the United States, while 6% were foreign educated. Additionally, of RNs working full time, only 1% were newly licensed and foreign educated; 11% were newly licensed and U.S. educated. Also, 64% of newly licensed foreign educated graduates were likely to have obtained a BSN to qualify them for their first US license as compared to 43% of US educated graduates. An examination of initial education, by year licensed cohort revealed the following percentages of foreign-educated RNs: licensed before 2000 (5%), licensed from 2000 to 2004 (11%), licensed from 2005 to 2009 (10%), and licensed from 2010 to 2013 (5%); HRSA (2013) reported similar results. NCLEX-RN data were examined and wide variations in the number of foreign-educated nurses from 2001 through 2011 were found, with the greatest number in 2007.

TABLE 7 States in Which Respondents had an Active License to Practice and Were Currently Practicing							
	Active License to Practice as an RN		Currently Practicing			Active License to Practice as an RN	
	(n = 40,400)	Percentage	(n = 35,755)	Percentage		(n = 40,400)	Percentage
Alabama	810	2%	636	2%	New Hampshire	360	1%
Alaska	194	< 1%	137	< 1%	New Jersey	1,392	3%
Arizona	916	2%	660	2%	New Mexico	366	1%
Arkansas	480	1%	327	1%	New York	3,218	8%
California	4,309	11%	3,252	9%	North Carolina	1,448	4%
Colorado	793	2%	564	2%	North Dakota	249	1%
Connecticut	767	2%	556	2%	Ohio	2,059	5%
Delaware	263	1%	159	< 1%	Oklahoma	602	1%
Florida	2,927	7%	2,187	6%	Oregon	586	1%
Georgia	1,448	4%	1,073	3%	Pennsylvania	2,706	7%
Hawaii	315	1%	208	1%	Rhode Island	320	1%
Idaho	288	1%	182	1%	South Carolina	709	2%
Illinois	1,883	5%	1,451	4%	South Dakota	249	1%
Indiana	1,160	3%	871	2%	Tennessee	1,029	3%
Iowa	617	2%	453	1%	Texas	2,855	7%
Kansas	630	2%	471	1%	Utah	386	1%
Kentucky	778	2%	571	2%	Vermont	247	1%
Louisiana	665	2%	532	1%	Virginia	1,183	3%
Maine	327	1%	208	1%	Washington	981	2%
Maryland	966	2%	772	2%	West Virginia	376	1%
Massachusetts	1,367	3%	1,032	3%	Wisconsin	1,036	3%
Michigan	1,530	4%	1,149	3%	Wyoming	139	< 1%
Minnesota	1,056	3%	831	2%	DC	328	1%
Mississippi	550	1%	422	1%	Virgin Islands	11	< 1%
Missouri	1,231	3%	908	3%	Guam	19	< 1%
Montana	213	1%	161	< 1%	American Samoa	1	< 1%
Nebraska	339	1%	268	1%	Northern Mariana Islands	9	< 1%
Nevada	423	1%	341	1%			

Licensing

Table 7 shows the percentage of licensees by state and percent- age of practicing licensees by state. Results indicated 11% of respondents had a California license, followed by New York (8%), Texas (7%), Florida (7%), and Pennsylvania (7%). In terms of practicing in a state, 9% of respondents were practicing in California, followed by Texas (7%), Pennsylvania (7%), Florida (6%), and New York (6%).

An examination of RNs by year licensed cohort revealed that of employed licensees, 10% were newly licensed and 12% of RNs employed full time in nursing were newly licensed (i.e., licensed in 2010 or after).

An examination of the type of license currently held revealed approximately 7% were licensed as APRNs. Of those indicating recognition as an APRN, 54% identified themselves as nurse practitioners (NPs), 30% as clinical nurse specialists (CNSs), 12% as certified registered nurse anesthetists (CRNAs), and 4% as CNMs. These proportions are somewhat different than the known proportions of APRNs (Phillips, 2009, 2013). The current study’s sample was representative of CNMs and NPs, while CNSs were overrepresented, and CRNAs were somewhat underrepresented. Over the last 4 years, the number of APRNs has increased 29%. According to an annual survey of boards of nursing, the increase has occurred in all APRN categories (Phillips, 2009, 2013). The number of NPs increased from 108,787 in 2008 to 144,249 in 2012 – a 33% increase. CRNAs had the most substantial increase, up 46% since 2008, and CNSs and CNMs increased 19% and 26%, respectively.

Employment Status

In 2008 HRSA estimated that 2,596,399 RNs were employed in nursing, representing 85% of licensed RNs (HRSA, 2010). This was the highest rate of nursing employment since HRSA’s first workforce survey in 1977. Additionally, in 2004 HRSA found full-time employment of 58%; this increased to 63% in 2008 (HRSA, 2010). The current study’s results revealed a slight decrease from 2008 numbers; specifically, in the current study, 82% of licensees were actively employed in nursing and 60% of licensees were employed full time.

An examination of RNs by year licensed cohort revealed that of full-time employed licensees, 12% were newly licensed. The vast majority of RNs not employed in nursing were licensed before 2000.

TABLE 8 Employment Rates, by Highest Level of Education					
Highest Level of Education	n	Employment			
		Employed in nursing	Full time	Part time	Employed in other field*
Certificate	25	16 (64%)	15 (60%)	1 (4%)	--
Diploma	4,309	2,865 (66%)	1,724 (40%)	782 (18%)	282 (7%)
ADN	11,321	9,593 (85%)	7,245 (64%)	1,688 (15%)	686 (6%)
Associate's-other field	286	220 (77%)	164 (57%)	41 (14%)	25 (9%)
BSN	14,064	11,985 (85%)	8,963 (64%)	2,066 (15%)	1,019 (7%)
Baccalaureate-other field	3,089	2,401 (78%)	1,711 (55%)	476 (15%)	390 (13%)
MSN	4,837	4,220 (87%)	3,324 (69%)	705 (15%)	318 (7%)
Master's-other field	2,202	1,524 (69%)	1,111 (50%)	236 (11%)	454 (21%)
DNP	143	138 (97%)	125 (87%)	11 (8%)	15 (10%)
PhD-nursing	217	184 (85%)	157 (72%)	17 (8%)	23 (11%)
Doctoral-nursing other	63	47 (75%)	37 (59%)	3 (5%)	11 (17%)
Doctoral-other field	395	214 (54%)	149 (38%)	43 (11%)	97 (25%)
<i>Note.</i> Columns will not sum to highest level of education <i>n</i> 's because the employment status question had additional response options and respondents could select multiple options. *Some respondents may have been both employed in another field and actively employed in nursing.					

Study results of respondents who indicated they were actively employed in nursing, by highest level of education, showed that respondents with an associate’s degree (ADN) (85%), BSN (85%), MSN (87%), DNP (97%), and PhD- nursing (85%) had the highest percentages of respondents actively employed in nursing, while respondents with their highest degrees in other fields tended to be less likely to have been actively employed in nursing (see Table 8).

The average number of hours worked during a typical week was 36.89. In terms of average hours worked per week, by highest level of education, DNP’s, on average, worked the most (M = 47.12, SD = 11.94), followed by PhD-nursing (M = 44.97, SD = 17.33), noting that PhD-nursing had a higher median number of hours. Respondents with a diploma in nursing worked the fewest (M = 33.36, SD = 14.27). This mirrors the fact that those with diplomas tended to be older, and older RNs work fewer hours. An examination of average hours worked per week in respondents’ principal nursing position revealed that respondents who worked in academic settings (M = 45.74, SD = 8.67) and home health tended to work the most (M = 44.12, SD = 9.11). Respondents who worked in school health service tended to work the least (M = 40.04, SD = 6.50). HRSA (2010) showed similar findings.

Highlights of the National Workforce continued on page 10



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Highlights of the National Workforce continued from page 9

Results on unemployment indicated 7% of respondents were unemployed; however, only 3% were actively seeking work as a nurse. Of respondents who indicated they were unemployed, approximately half (51%) indicated the reason was because of taking care of home and family. Only 27% of those who gave a reason for unemployment indicated difficulty in finding a nursing position.

Position Setting

In 2004, HRSA found that 57% of respondents’ primary employment setting was a hospital; this increased to 62% in 2008 (HRSA, 2010). The current study’s results indicated a return to 2004 levels at 57% (see Table 9), followed by 9% of RNs in ambulatory care, 6% in home health, and 6% in nursing homes. Also, 26% of RNs reported a secondary nursing position. These findings are similar to those reported by HRSA (2010).

Of respondents who indicated “hospital” as their primary nursing practice position, the following was the breakdown of their highest level of education: diploma (8%), ADN (29%), BSN (41%), and MSN (10%) (see Table 10).

Additionally, the current study found that 79% of RNs younger than age 30 worked in hospitals. This percentage declined with age, where 46% of RNs age 55 and older worked in hospitals.

TABLE 10													
Employment Settings, by Highest Level of Education													
Primary nursing practice position setting	n	Highest Level of Education											
		Certificate	Diploma	ADN	Associate's- other field	BSN	Baccalaureate- other field	MSN	Master's-other field	DNP	PhD-nursing	Doctoral- nursing other	Doctoral-other field
Hospital	18,767	19 ( $< 1\%$ )	1,416 (8%)	5,478 (29%)	112 (1%)	7,613 (41%)	1,365 (7%)	1,849 (10%)	769 (4%)	36 ( $< 1\%$ )	24 ( $< 1\%$ )	6 ( $< 1\%$ )	80 ( $< 1\%$ )
Nursing home/ extended care/ assisted living facility	2,145	$< 1$	272 (13%)	936 (44%)	33 (2%)	542 (25%)	151 (7%)	143 (7%)	53 (2%)	7 ( $< 1\%$ )	2 ( $< 1\%$ )	$< 1$	5 ( $< 1\%$ )
Home health	1,994	--	233 (12%)	730 (37%)	17 (1%)	646 (32%)	156 (8%)	125 (6%)	74 (4%)	4 ( $< 1\%$ )	--	2 ( $< 1\%$ )	7 ( $< 1\%$ )
Correctional facility	220	$< 1$	15 (7%)	90 (41%)	4 (2%)	54 (25%)	25 (11%)	17 (8%)	11 (5%)	--	--	--	3 (1%)
Academic setting	996	2 ( $< 1\%$ )	24 (2%)	45 (5%)	--	123 (12%)	19 (2%)	472 (47%)	58 (6%)	37 (4%)	125 (13%)	29 (3%)	63 (6%)
Public health	588	33 (6%)	36 (6%)	165 (28%)	$< 1$	240 (41%)	28 (5%)	70 (12%)	33 (6%)	3 (1%)	4 (1%)	--	7 (1%)
Community health	715	$< 1$	83 (12%)	171 (24%)	2 ( $< 1\%$ )	179 (25%)	48 (7%)	165 (23%)	43 (6%)	10 (1%)	5 (1%)	$< 1$	10 (1%)
School health service	1,115	--	90 (8%)	203 (18%)	5 ( $< 1\%$ )	470 (42%)	103 (9%)	128 (11%)	113 (10%)	--	2 ( $< 1\%$ )	--	1 ( $< 1\%$ )
Occupational health	220	15 (7%)	21 (10%)	62 (28%)	$< 1$	64 (29%)	14 (6%)	40 (18%)	15 (7%)	1 ( $< 1\%$ )	$< 1$	--	3 (1%)
Ambulatory care setting	2,941	$< 1$	284 (10%)	683 (23%)	10 ( $< 1\%$ )	956 (33%)	156 (5%)	703 (24%)	97 (3%)	20 (1%)	15 (1%)	9 ( $< 1\%$ )	9 ( $< 1\%$ )
Insurance claims/ benefits	466	--	55 (12%)	113 (24%)	2 ( $< 1\%$ )	184 (39%)	43 (9%)	31 (7%)	38 (8%)	1 ( $< 1\%$ )	--	--	--
Policy/planning/ regulatory/ licensing agency	152	--	5 (3%)	32 (21%)	2 (1%)	32 (21%)	33 (22%)	21 (14%)	17 (11%)	--	$< 1$	--	10 (7%)
Other	2,958	--	352 (12%)	837 (28%)	39 (1%)	803 (27%)	232 (8%)	435 (15%)	213 (7%)	15 (1%)	8 ( $< 1\%$ )	$< 1$	25 (1%)
Total	33,278	22	2,885	9,545	224	11,907	2,373	4,200	1,532	136	185	47	223
Note. Percentages were calculated with primary nursing practice position setting's n as the denominator.													

TABLE 9		
Primary Nursing Practice Position Setting		
	(n = 34,238)	Percentage
Hospital	19,343	56%
Nursing home/extended care/ assisted living facility	2,211	6%
Home health	2,058	6%
Correctional facility	229	1%
Academic setting	1,012	3%
Public health	609	2%
Community health	740	2%
School health service	1,146	3%
Occupational health	224	1%
Ambulatory care setting	2,994	9%
Insurance claims/benefits	477	1%
Policy/planning/regulatory/ licensing agency	152	$< 1\%$
Other	3,042	9%
Note. Survey participants were asked to answer this question only if they were actively employed in nursing.		

Position Title

In 2004, HRSA found that 64% of respondents’ primary job title was “staff nurse”; this increased to 66% in 2008 (HRSA, 2010). The current study’s results indicated a return to 2004 levels at 64% (see Table 11). This is followed by 13% of RNs in management positions and 3% in nurse faculty positions—the same percentages reported by HRSA. The 7% of RNs identified as advanced practice was an increase over the 5% reported by HRSA (2010). An examination of job titles by highest level of education revealed that of respondents who indicated “staff nurse” as their primary nursing practice position title, 41% had a BSN as highest level of education, while only 4% indicated an MSN as their highest level of education. In terms of nurse faculty, these respondents’ highest level of education was as follows: MSN (43%), DNP (3%), PhD-nursing (10%), doctoral- nursing other (2%), doctoral-other field (5%).

Employment Specialty

In the current study 17% of RNs reported their primary practice specialty as acute care/critical care, followed by 13% who reported a medical-surgical specialty (see Table 12). Respondent RNs reported specializing in population-specific care; for example 6% reported a geriatric specialty and 6% reported a pediatric specialty. Five percent of RNs reported maternal-child health as a specialty; all other specialty positions were reported to be less than 5%. Rehabilitation and women’s health both were identified as a specialty by 2% of RNs, a finding similar to that reported by HRSA (2010), where rehabilitation specialty was 3% and women’s health 4%. Twenty percent of RNs reported their specialty in the “other” category.

Nurse Licensure Compact

The Nurse Licensure Compact (NLC) enables multistate licensure for nurses. In 2000, NCSBN launched a new initiative to expand the mobility of nurses as part of our nation’s health care delivery system. The NLC allows nurses to have one multistate license, with the ability to practice in both their home state and other party states. The following states were members of the NLC at the time of survey data collection: Arkansas, Arizona, Colorado, Delaware, Iowa, Idaho, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, North Carolina, North Dakota, Virginia, Wisconsin.

Results indicated that of the respondents who indicated their primary state of residence was a compact state, approximately 36% indicated utilizing their compact license; specifically, 92% indicated they had practiced in one additional state, while 8% indicated they practiced in multiple additional states. Further study on the utilization of the compact license is needed.

TABLE 11		
Primary Nursing Practice Position Title		
	(n = 34,357)	Percentage
Consultant	772	2%
Nurse researcher	251	1%
Nurse executive	834	2%
Nurse manager	3,792	11%
Nurse faculty	1,105	3%
Advanced practice nurse	2,531	7%
Staff nurse	21,902	64%
Other-health-related	3,069	9%
Other-not health-related	99	$< 1\%$
Note. Survey participants were asked to answer this question only if they were actively employed in nursing.		

TABLE 12		
Primary Nursing Practice Position Employment Specialty		
	(n = 33,516)	Percentage
Acute care/critical care	5,789	17%
Adult health/family health	872	3%
Anesthesia	654	2%
Community	335	1%
Geriatric/gerontology	1,989	6%
Home health	1,515	5%
Maternal-child health	1,662	5%
Medical-surgical	4,249	13%
Occupational health	333	1%
Oncology	953	3%
Palliative care	499	1%
Pediatrics/neonatal	1,996	6%
Primary care	857	3%
Psychiatric/mental health/ substance abuse	1,341	4%
Public health	511	2%
Rehabilitation	691	2%
School health	1,097	3%
Tele-health	388	1%
Trauma	566	2%
Women’s health	651	2%
Other	6,568	20%
Note. Survey participants were asked to answer this question only if they were actively employed in nursing.		

Highlights of the National Workforce continued on page 11



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Highlights of the National Workforce continued from page 10

Tele-health

In an effort to investigate the utilization of tele-health, respondents were asked to indicate if they utilized tele-health in their primary or secondary positions. Results indicated that 9% utilized tele-health, 80% did not utilize tele-health, and 11% were unsure.

Respondents who indicated they utilized tele-health in their primary or secondary positions were asked to indicate if patients were ever located in a different state when the respondents utilized tele-health. Results indicated that of those who utilized tele-health, 27% indicated patients had been located in a different state, while 8% were unsure.

Discussion

The current study had a few limitations. First, the current study's response rate was 39%, lower than anticipated. Although response rates are a valuable indicator of survey quality, they may not be a good measure of response bias. A formal nonresponse bias analysis was conducted following the close of the survey. An analysis of basic demographic data (i.e., gender, age, race/ ethnicity, number of years since graduation, number of years since first licensed) for all RN licensees sampled from the Nursys database was used to compare the survey respondents and nonrespondents, to determine the representativeness of the survey participants. Results revealed that the following groups of nurses may have been slightly overrepresented: White/Caucasian, female, and age 60 or older. While the analysis provided some insight into the relationship between demographic characteristics and nonresponse, this information was not used to make nonresponse adjustments, because of the high degree of missing data in the sample frame. Because of this, the only weighting that was utilized was constructed at the state level, to adjust for differing sampling rates across states.

Second, data were missing in the current study. The problem of missing data in certain variables caused inconsistent statistics in certain categories. To help the readers obtain an accurate and comprehensive view of the statistics drawn from the sample, the number of actual valid answers to each question was reported. The large sample size of the study has partially compensated for this stated problem.

Finally, this national survey of RNs represents one point in time. The RN workforce is constantly changing and needs ongoing monitoring and evaluation.

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December 3-6, 2013

March 4-7, 2014

June 3-6, 2014

September 2-5, 2014

December 2-5, 2014

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

**Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>**

## The Board of Nursing is requesting contact from the following individuals:

Shanic Addison Batton–RN2010025643

Susan Contreras-Scheufens–RN2010030582

Gay Hausman–RN072775

John D. Howe–PN2010034479

Amanda Kennedy–PN2010034479

Christine Larkin–PN045845

Sherri Pelecanos–RN069541

Keisha Stone–RN2004006343

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)

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# Disciplinary Actions\*\*

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.**

## CENSURE

**Ragsdale-Bland, Wanda J**

Raymore, MO

**Licensed Practical Nurse 053764**

Licensee’s license was suspended for failure to pay taxes on October 14, 2010. Licensee practiced nursing in Missouri without a license from October 14, 2010 through March 5, 2012. Censure 06/15/2013 to 06/16/2013

**Mueller, Tinea Marie**

Sainte Genevieve, MO

**Licensed Practical Nurse 2011013149**

On February 4, 2012 Licensee was approached by resident TA who inquired about being put to bed. Licensee told TA that he would be taken care of, but not at that moment. TA was a patient in a wheelchair. TA became agitated and Licensee prepared a Haldol injection to give to TA. TA told licensee he did not want the injection, and did not consent to the injection. Licensee then forcefully administered the injection to TA by giving it to him in a stabbing motion. TA then jerked away and the needle came out. Licensee then re-administered the injection using the same needle. TA at that point was bleeding and crying. When TA attempted to enter the nurse’s station a short time later to call a family member, licensee put her foot on TA’s wheelchair and pushed it out of the nurse’s station. When TA attempted to re-enter the nurse’s station again, licensee again forcefully pushed TA and his wheelchair out of the nurse’s station. Censure 06/26/2013 to 06/27/2013

**Johnson, Amber Shaniece**

Saint Louis, MO

**Licensed Practical Nurse 2008030500**

Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. If selected, Respondent was required to report to a collection site and provide a sample for screening the same date of selection. Respondent failed to call in to NTS on February 24, 2013. Further, on January 2, 2013 and February 26, 2013, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on both dates. Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by March 31, 2013. The Board received proof of completion of the classes entitled Professional Accountability and Legal Liability and Ethics of Nursing Practice on April 24, 2013. The Board did not receive proof of completion of the classes entitled Disciplinary Actions: What Every Nurse Should Know and Nurse Practice Act until May 1, 2013. Respondent was required to submit employer evaluations or statements of unemployment if unemployed to the Board by due dates given to her by the Board’s discipline administrator. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of May 1, 2013; however, the Board did receive an employer evaluation on May 9, 2013. Censure 06/26/2013 to 06/27/2013

**Brooks, Sarah Darlene**

Kahoka, MO

**Registered Nurse 2007025716**

Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. Respondent failed to call NTS on one (1) day. On September 25, 2012, Respondent reported to a lab and submitted the required urine sample which showed a low creatinine reading of 17.6. On March 29, 2013, Respondent reported to a lab and submitted the required urine sample which showed a low creatinine reading of 18.4. On March 7, 2013, Respondent tested positive for ethyl alcohol and metabolites, and such urine sample was submitted by Respondent to NTS on February 21, 2013. Censure 06/27/2013 to 06/28/2013

**CENSURE continued...**

**Denbeck, Dolores A.**

Billings, MO

**Registered Nurse 144747**

Respondent was responsible for the care of patient, D.S., during her shift. Patient, D.S., suffers from Parkinson’s disease. In patient, D.S.’s records, the physician ordered a 16 French 10cc balloon catheter to be used. On January 5, 2010, Respondent inserted a 16 French 5cc balloon catheter for patient, D.S. During the procedure, patient, D.S., informed Respondent the procedure was causing him discomfort and pain. Respondent ignored patient, D.S.’s concerns and continued with the procedure. On January 5, 2010, Respondent did not document that she changed patient, D.S.’s catheter or that she had difficulty inserting the new catheter. On January 5, 2010, Respondent also failed to document the patient’s complaint of pain during the procedure. On January 5, 2010, Respondent failed to contact the patient’s physician regarding the trouble she encountered when inserting the new catheter. On January 6, 2010, at 3:00 a.m., patient, D.S., woke up in a pool of blood and in pain. Patient, D.S., was immediately transferred to the emergency room where it was discovered through an examination that Respondent inserted the catheter incorrectly resulting in a tear to patient, D.S.’s, urethra and his bladder was full of blood clots. On January 6, 2010, patient, D.S., underwent surgery to repair the tear. As a result of this incident, Respondent was placed on the Employment Disqualification List (EDL) maintained by the Department of Health and Senior Services (DHSS) of the State of Missouri. Censure 06/27/2013 to 06/28/2013

**Roskam, Louisanne Betty Anne Isabelle**

Kansas City, MO

**Licensed Practical Nurse 2009034506**

Licensee’s nursing duties included providing medications to offenders and doing initial assessments of offenders’ conditions. On arrival at the facility on March 16, 2012, an offender presented to the unit with a “flag” of having a chronic medical condition of seizures and of being on medications, specifically, Dilantin. On March 21, 2012, licensee was on duty as an LPN and was assigned to give medications. JT was in his cell having spastic and involuntary seizure-like movements while lying on the floor. Licensee went into the cell while JT was lying on his back, and licensee put medication in his mouth. JT began coughing and spit the medication out. Licensee did not attempt to put JT on his side in order to assist him swallowing the medication. Licensee then left the cell without assessing the offender or completing vital signs on him as required by the policies. Licensee did not document this incident in any of JT’s medical charts or call a physician to report it as required by the policies. Licensee returned to JT’s cell later that same day and followed JT around for a period of time, attempting to place medication in his mouth. Censure 07/09/2013 to 07/10/2013

**Thomas, Angela Marie**

Troy, MO

**Registered Nurse 2008016183**

From July 13, 2011, until February 13, 2013, Respondent failed to call in to NTS on four (4) different days. In accordance with the terms of the Order, Respondent was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug had been prescribed by a person licensed to prescribe such drug and with whom Respondent had a bona fide relationship as a patient. On January 24, 2013, Respondent submitted a urine sample for random drug screening to NTS. That sample tested positive for the presence of Clonazepam. Respondent testified that she did miss some calls to NTS. She said that she did not purposefully miss those calls. Respondent testified that she did not know why she tested positive for clonazepam. Respondent stated that she took prescribed Valium four times a day and Welbutrin. She said that when she spoke to Dr. Elam, he checked with her pharmacist to see if something else could have been mixed in with her Valium. Respondent testified that she has taken herself off of Valium and Welbutrin to avoid this in the future. Censure 07/09/2013 to 07/10/2013

**Duda, Alma M.**

De Soto, MO

**Registered Nurse 146670**

On December 18, 2010, Respondent was verbally abusive towards a patient. Censure 07/10/2013 to 07/11/2013

**Morgan, Kelli S.**

Overland, MO

**Registered Nurse 2009023515**

On May 7, 2012, Respondent was hired to work at the hospital for weekend shift work. Respondent worked with a preceptor at the hospital until June 24, 2012 and by herself after that date. Respondent had access to the hospital’s Pyxis drug-dispensing system which required her fingerprint to access. Vials of Diphenhydramine (Benadryl) began to disappear from the Pyxis that Respondent used while she was working. Respondent reported to the pharmacy of the hospital on several occasions that the Pyxis she was using was out of Benadryl. Hospital

Censure continued on page 13



Censure continued from page 12

officials began to closely monitor the use of the Pyxis machine by Respondent and reviewed Pyxis reports from the machine Respondent used. Hospital officials discovered that from June 21, 2012 to July 15, 2012, there were 34 vials of Benadryl vials 50mcg/ml removed from the Pyxis that Respondent had been using. Respondent had not documented the administration, waste or return of the medication to the Pyxis. Respondent had inquired of a hospital pharmacist during the period she worked at the hospital about specific dosage information of Benadryl in relation to her son. Hospital officials confronted Respondent about the missing Benadryl and informed her that the Benadryl could only have been removed using her access information to the Pyxis. Respondent was terminated from employment by the hospital on July 25, 2012. At the hearing, Respondent stated that her son receives Benadryl daily and she spoke to the Hospital pharmacist about the amount her son receives. Respondent testified that if the Pyxis system can't read your finger, a password could be used. Respondent stated three people had her password and could have gotten in under her name. Censure 07/10/2013 to 07/11/2013

**Hunter, Francis A.**  
Saint Louis, MO  
**Registered Nurse 050430**

On July 21, 2008, Respondent filed with the Missouri State Board of Nursing her license renewal application for her nursing license number RN 050430. On Respondent's licensure application, when asked on Question #3 if she had ever had any "professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action," Respondent answered "no." In fact, Respondent was licensed by the California State Board of Nursing as a registered nurse in the State of California, license number 195115. The California State Board of Nursing issued an order on May 9, 2000, revoking the registered professional nursing license of Respondent. On Respondent's same licensure application, when asked on Question #6 if she had ever been "convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime, whether or not sentenced was imposed (excluding traffic violations)," Respondent answered "no." In fact, Respondent had certain convictions in the State of California that had not been disclosed to the Missouri State Board of Nursing. Respondent was employed as a registered nurse began work on October 1, 2009, and worked until November 1, 2010. When the facility was going through a review by corporate office, it was discovered that Respondent was on an OIG exclusion list as a result of her California revocation. Censure 07/10/2013 to 07/11/2013

**Mackey, Jennifer Marie**  
Independence, MO  
**Licensed Practical Nurse 2007029429**

Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of January 1, 2013. Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by January 1, 2013. The Board did not receive proof of any completed continuing education hours by the documentation due date. Respondent was advised by certified mail to attend a meeting with the Board's representative on October 23, 2012, at 7:30 a.m., by telephone. Respondent called the Board on Monday, October 22, 2012, and explained that she would be unable to attend the meeting with the Board's Discipline Administrator. Respondent never contacted the office for the meeting. Censure 07/10/2013 to 07/11/2013

**Campbell, Mary Vivienne**  
Carthage, MO  
**Registered Nurse 2010026039**

During Respondent's probationary period, Respondent has reported to a lab and submitted the required sample which showed a low creatinine reading on five separate (5) occasions. Respondent was prohibited from carrying narcotic keys or having access to controlled substances contained within automated dispensing devices. Respondent was also prohibited from administering, possessing, dispensing or otherwise having access to controlled substances. The Board received documentation showing that on April 3, 2013, Respondent assumed responsibility as the charge nurse on a particular unit for her employer. Respondent failed to inform the nursing supervisor of her controlled substance restrictions and counted controlled substances with the LPN leaving the shift. Censure 07/10/2013 to 07/11/2013



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**Armstrong, Brenese**  
Florissant, MO  
**Licensed Practical Nurse 033574**

From October 14, 2010 until April 25, 2011, Respondent's nursing license was suspended for failing to file Missouri state tax returns and/or pay state tax liabilities pursuant to § 324.010 RSMo. While Respondent's nursing license was suspended, Respondent worked in the capacity of a licensed practical nurse. Censure 07/10/2013 to 07/11/2013

**Ronfeldt, Mark S.**  
Shawnee Mission, KS  
**Registered Nurse 084269**

On December 9, 2003, Respondent pled guilty to Sexual Exploitation of Minor-Visual Media. On July 7, 2006, Respondent entered into a consent agreement with the Kansas State Board of Nursing agreeing that Respondent's license should be subject to discipline for the previously described actions and subsequent guilty plea. Respondent successfully completed his criminal probation in the State of Kansas on February 22, 2007. Respondent successfully completed the requirements of the Consent Agreement with the Kansas State Board of Nursing on January 17, 2008. Censure 07/10/2013 to 07/11/2013

**Sanders, Timothy A.**  
Alton, IL  
**Registered Nurse 104287**

By Consent Order dated September 3, 2010 issued by the State of Illinois Department of Financial and Professional Regulation, Division of Professional Registration (the "Illinois Board"), Respondent's Illinois Registered Professional Nurse License was placed on Indefinite Probation status for a minimum of three years, subject to certain terms and conditions. The grounds upon which Respondent was disciplined by the Illinois State Board of Nursing is disciplinary action upon grounds for which revocation or suspension is authorized in Missouri. Censure 07/10/2013 to 07/11/2013

**Miller, Shannon C.**  
Rushville, MO  
**Registered Nurse 106953**

Licensee practiced nursing in Missouri without a license from May 1, 2009 through April 17, 2013. Censure 07/12/2013 to 07/13/2013

**Whitsel, Carrie D.**  
Millersville, MO  
**Registered Nurse 151998**

Patient Mrs. G was a resident at the Center. Mrs. G's charted medical status was "full code," which meant that extraordinary measures such as CPR were to be taken should her physical conditions become life-threatening. Licensee, on November 20, 2011 went into Mrs. G's room and noticed that Mrs. G did not appear to be breathing and her pupils were fixed and dilated. Licensee did not perform CPR on Mrs. G., despite licensee having full knowledge that Mrs. G was a full code status, meaning CPR should have been performed at the earliest opportunity. Emergency personnel were then called to the Center to respond to Mrs. G. The emergency personnel then attempted CPR, which was unsuccessful. Mrs. G was pronounced dead at a hospital a short time later. Licensee admitted that she acted outside the scope of her practice by not performing CPR on a resident with full code status, and admitted that she had been legally bound by law to follow the code status as ordered by the physician. Licensee was placed on the Missouri Department of Health and Senior Services Employee Disqualification List ("EDL") as a result of this incident, effective September 18, 2012. Censure 08/06/2013 to 08/07/2013

**Fultz, Jackie**  
Skidmore, MO  
**Licensed Practical Nurse 2005036117**

On July 25, 2011 Licensee arrived at the facility and took report on the residents assigned to her care. Approximately fifteen minutes later Licensee went to the Director of Nurses' office, threw her keys down and stated "I'm leaving." Licensee left the facility without securing coverage for her shift. Licensee did not

PROBATION continued...

report off on the residents assigned to her care thus abandoning her patients. Censure 08/14/2013 to 08/15/2013

## PROBATION

**Ragsdale-Bland, Wanda J.**  
Raymore, MO  
**Licensed Practical Nurse 053764**

On or about June 27, 2007, Respondent submitted to a pre-employment drug screen The urine sample provided by Respondent tested positive for cocaine. Probation 06/03/2013 to 05/22/2016

**Odom, Courtney Lee**  
Springfield, MO  
**Registered Nurse 2009029788**

**COUNT I**  
On July 26, 2011, Licensee was working the night shift from 7:00 p.m. to 7: a.m. At around 8:30 p.m. on July 26, 2011, a patient care assistant noticed a couple of drops of blood appear on the floor of the stall next to hers in the bathroom. The assistant notice Respondent cleaning the blood up. When Respondent stepped out of the bathroom, she had a band aid over the antecubital space on her arm. The assistant reported this suspicious activity to the charge nurse on duty. The charge nurse spoke to Licensee, but Licensee did not understand what the charge nurse was saying. Licensee was requested to take a drug screen. Licensee stated the drug screen would be positive for opiates and benzodiazepines. Licensee's July 26, 2011 drug screen was positive for morphine and marijuana. On July 27, 2011, the Facility performed an audit of Licensee's narcotic access for the previous thirty (30) days, from June 27, 2011 through July 27, 2011. The audit revealed that 371 doses of sixteen (16) different types of controlled substances were unaccounted for in that thirty-day period. The medications included codeine sulfate, Lyrica, hydrocodone, oxycodone, diazepam, lorazepam, morphine, clonazepam, oxycontin and alprazolam. Respondent admitted to the Board investigator that she diverted medications from the Facility for "a couple weeks before [she] got caught." Respondent admitted to the Board investigator that she was injecting medication in the bathroom on July 26, 2011.

**COUNT II**  
On February 8, 2013, Licensee was witnessed carrying a co-worker's purse with the intent to take the co-worker's prescription pain medication out of her purse. The co-worker had prescription oxycodone in her purse. When confronted by the co-worker, Licensee stated she was feeling suicidal. The co-worker transported Licensee to the emergency department. Probation 06/12/2013 to 06/12/2018

**Corle, Rachel Marie**  
Kensington, MN  
**Registered Nurse 2007022257**

Licensee worked as an R.N. in the emergency room. On May 18, 2012, Licensee was assigned to care for patient B.O. BO was a male patient who had come to the ER complaining of groin pain. BO was placed in a room that was capable of being video recorded. Licensee acted inappropriately in her encounter with BO in many different ways, including placing her hands without gloves on BO's groin area several different times, engaging in a kiss with BO, placing her hands on BO's groin for a longer amount of time and more often than necessary, telling BO he had "gorgeous eyes" during the encounter, and exchanging personal information about her family and children with BO. Probation 06/12/2013 to 06/12/2015

Probation continued on page 14

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Probation continued from page 13

**Besand, Dawn M.**  
 Hillsboro, MO  
**Registered Nurse 2000148452**  
 Licensee was requested to submit to a drug screen on July 8, 2010. The drug screen was positive for oxycodone and norpropoxyphone.  
 Probation 06/13/2013 to 09/23/2013

**Dillard, Sarah E.**  
 Springfield, MO  
**Registered Nurse 120117**  
 Licensee self reported a drug screen that was done on November 22, 2011 that was positive for Xanax. Licensee does not have a prescription for Xanax. Licensee states that the weekend of November 18, 19, 20, 2011 she allowed herself to be in an unsafe environment in which she drank irresponsibly and may have been given the pill. The facility requested a reasonable suspicion drug screen on November 22, 2011. The checklist listed irrational, abusive or unusual behavior; suspicious course of conduct or behavior; a disheveled personal appearance unusual for the individual; and slurred speech.  
 Probation 06/13/2013 to 06/13/2018

**Shultz, Melinda S.**  
 N Kansas City, MO  
**Registered Nurse 116496**  
 In October 2010, Licensee was involved in a motor vehicle accident after work. Following the accident, the Police Department informed Licensee's supervisor that the police believed Licensee to be severely impaired at the time of the accident and the police department intended to do a blood test and investigation. A week later, the Police Department again telephoned Licensee's employer and stated that they found unidentified loose pills in Licensee's purse after the accident and because it occurred after work, the police department wanted to alert the Facility to a possible narcotics diversion by Licensee. The Facility began its own investigation into the possible narcotics diversion. The Facility reviewed Licensee's patients' charts. The review revealed ten violations related to controlled substances between June 30 and August 10, 2010. On June 30, 2010, Licensee withdrew Morphine 2 mg. There was no physician's order for Morphine. Licensee did not document the administration, return or waste of the Morphine. On July 13, 2010, Licensee withdrew Lorazepam 1 mg. Licensee did not document the administration, return or waste of the Lorazepam. On July 16, 2010, Licensee withdrew Lorazepam 2 mg. Licensee did not document the administration, return or waste of the Lorazepam. On July 16, 2010, Licensee withdrew Fentanyl 100 mcg. Licensee did not document the administration, return or waste of the Fentanyl. On July 23, 2010, Licensee withdrew Lorazepam 2 mg. Licensee did not document the administration, return or waste of the Lorazepam. On July 27, 2010, Licensee withdrew Acetaminophen-Hydrocodone two tablets. Licensee did not document the administration, return or waste of the Acetaminopen-Hydrocodone tablets. On July 29, 2010, Licensee withdrew Meperdine 50 mg. Licensee did a cancel-remove, then documented that she wasted 25 mg of Meperdine. On July 29, 2010, Licensee withdrew Acetaminophen-Hydrocodone two tablets. Licensee did not document the administration, return or waste of the Aceptaminophen-Hydrocodone. On August 6, 2010, Licensee withdrew .5 mg Lorazepam. There was no physician's order for Lorazepam. Licensee did not document the administration, return or waste of the Lorazepam. On August 10, 2010, Licensee withdrew Morphine 8 mg. There was no order for Morphine. Licensee documented the administration of 4 mg and the waste of 4 mg of Morphine.  
 Probation 06/13/2013 to 06/13/2016

**Jefferies, Gevan LeeAnn**  
 Saint Joseph, MO  
**Registered Nurse 2008023432**  
 On April 11, 2012 Licensee was selected to submit a urine sample for random drug screening. The results of the test were positive for methamphetamine. Licensee admitted to her employer and to the Board investigator that she used methamphetamine the weekend before the test.  
 Probation 06/13/2013 to 06/13/2018

PROBATION continued...

**Baker, Laura L.**  
 Kansas City, MO  
**Registered Nurse 107477**  
 On June 25, 2012, Licensee reported to her place of employment as an RN. Licensee appeared to be intoxicated, was fumbling with the Accudose machine, her hair was disheveled, and she was running into walls. After being interviewed and observed by officials, licensee admitted to consuming alcohol in the middle of the night and admitted she was intoxicated. Licensee was noted to be slurring her words and her gait was unsteady. Licensee was then requested to, and then submitted to, an alcohol breath test. The alcohol breath test was given to licensee, which tested licensee's blood alcohol content at .16 BAC. Licensee violated the policies of her employer by being intoxicated while on duty. Licensee was terminated from employment by her employer as a result of the positive blood alcohol test. Licensee has undergone treatment in the form of a 6-day inpatient treatment program and subsequent outpatient treatment, in addition to attending AA.  
 Probation 06/13/2013 to 06/13/2018

**Weikel, Cindy L.**  
 Saint Louis, MO  
**Registered Nurse 106901**  
 On March 26, 2012, Licensee worked in 3 ICU and was assigned only one patient, MB. Licensee began her shift at 07:00 AM on March 26, 2012. Patient MB was a quadriplegic and had multiple stage 4 wounds on has back and required total assistance. Patient MB had orders to be turned every two hours to relieve the pressure on his wounds. Patient MB had a colostomy bag. Patient MB had a wound on his coccyx that required a wound vacuum. At 12:00 PM, the Wound and Ostomy specialist (MD) arrived and asked Licensee if she needed help changing patient MB's wound dressings. MD assessed patient MB and found he had not been turned as ordered, his colostomy bag was full and pulling away from the skin, and his bandage was not attached to his buttock and there was a large amount of purulent drainage all over the mattress and patient. From 07:00 AM to 12:00 PM, Licensee did not turn patient MB to relieve the pressure on his wounds; Licensee stated that at report, the previous shift nurse said MB did not want to be turned. Licensee had not changed patient MB's dressings or replaced the wound vacuum. Licensee stated she believed that the Wound and Ostomy specialist was going to replace the bandages for the patient. Licensee assessed patient over his gown. Licensee did not look under his gown to check his wounds or his colostomy, and since his wounds were underneath the gown she was unable to see the condition of his dressings and wounds.  
 Probation 06/13/2013 to 06/13/2016

**Morris, Kimberly Gale**  
 Neosho, MO  
**Licensed Practical Nurse 2007031855**  
 On December 4, 2012, Licensee pled guilty to the class C felony of stealing by deceit.  
 Probation 06/18/2013 to 06/18/2016

**Coleman, Brenda K.**  
 Oak Grove, MO  
**Licensed Practical Nurse 047183**  
 On July 9, 2009, Respondent tested positive for morphine, oxycodone, propoxyphene, and oxymorphone. Respondent did not have a prescription for any of these drugs at the time of the positive test.  
 Probation 06/24/2013 to 06/24/2018

**Russell, Brian J.**  
 Joplin, MO  
**Registered Nurse 133312**  
 On April 17, 2008, Respondent submitted a pre-employment drug screen. The drug screen showed positive for propoxyphene. Respondent did not have a prescription for propoxyphene.  
 Probation 06/26/2013 to 06/26/2016

**Chapman, Jennifer Estelle**  
 Excelsior Springs, MO  
**Licensed Practical Nurse 2004029028**  
 On June 6, 2012, Licensee arrived at the facility and began her shift as a charge nurse in the Alzheimer's unit, and had many residents assigned to her care. During her shift that morning, licensee approached female resident R and began to attempt to give her a new medication. Resident R, who had Alzheimer's disease, was resistant to taking the medication. Licensee then asked a CNA to assist her in taking resident R to her room wherein resident R sat on the side of her bed. Licensee agrees an incident ensued with Resident R in which licensee attempted to use her hands and fingers in/on R's mouth to administer medication to Resident R, and that this incident and Licensee's role precipitated this matter.  
 Probation 06/26/2013 to 06/27/2013

**Rayford, Sharon D.**  
 Saint Louis, MO  
**Registered Nurse 128211**  
 On August 15, 2012, Licensee reported to her place of employment as an RN. Licensee initially acted erratically by using fast speech, doing random movements, and having fidgety movements. Licensee also sat in on a meeting with other staff and these staff members noted that she smelled of alcohol and appeared to be intoxicated. The alcohol breath test was given to licensee twice, one of which tested licensee's blood alcohol content at .119, and the other at .115.  
 Probation 06/27/2013 to 06/27/2018

PROBATION continued...

**Bateman, Stacey L.**  
 Florissant, MO  
**Registered Nurse 142694**  
 From the beginning of Respondent's probation through May 2, 2013, Respondent has failed to call in to NTS on eleven (11) days. On April 15, 2013, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of meperidine. Respondent does not have a current, valid prescription for Demerol. On or about April 23, 2013, Respondent informed Dr. Greg Elam, Medical Review Officer for NTS that she may have taken her mother's Demerol by mistake. On April 24, 2013, Respondent sent an e-mail admitting that she intentionally took her mother's Demerol because she had a bad headache.  
 Probation 06/27/2013 to 06/27/2014

**Anderson, Kaylah Maria**  
 Hamilton, MO  
**Licensed Practical Nurse 2007031443**  
 Licensee was terminated upon an employer investigation and determination that she engaged in inappropriate relations with an inmate involving sexual conversation, telephone discussions, and sending photos of herself to the inmate.  
 Probation 06/27/2013 to 06/27/2016

**Howard, Susan Rene'**  
 Springfield, MO  
**Licensed Practical Nurse 048156**  
 Licensee was employed as a Licensed Practical Nurse and her job duties included daily remote monitoring of telemonitoring units in various clients' homes. During the period of approximately January 1, 2012 through January 24, 2012, Licensee did not properly monitor units in client's homes and did not make phone calls to case managers or patients as required. Licensee falsified documents by documenting in records that she personally made phone calls to patients themselves or to patients' case managers when in fact such phone calls never occurred.  
 Probation 06/28/2013 to 07/01/2013

**Erickson, Wendi Michelle**  
 Columbia, MO  
**Licensed Practical Nurse 2003022564**  
 From February 1 through February 29, 2012, Licensee withdrew hydrocodone for patient JO twenty-one (21) times and only charted the administration of one dose on February 15, 2012. On March 2, 2012 and March 7, 2012, Licensee withdrew two (2) oxycodone tablets for patient EB. Licensee only charted the administration of one pill on both occasions. From February 1 through February 29, 2012, Licensee withdrew forty-six (46) Percocet tablets for patient MM and only charted the administration of two (2) tablets on February 15, 2012. From February 1 through March 7, 2012, Licensee withdrew sixty-eight (68) hydrocodone tablets for patient DG and only charted the administration of six (6) tablets on February 15, 2012, March 2, 2012, and March 7, 2012. From February 1 through February 29, 2012, Licensee withdrew twenty-five (25) Norco tablets for patient JB and only charted the administration of one (1) tablet on February 15, 2012. From February 1 through February 29, 2012, Licensee withdrew forty-six (46) Percocet tablets for patient MM and only charted the administration of two (2) tablets on February 15, 2012. From February 1 through February 29, 2012, Licensee withdrew thirty-four (34) oxycodone tablets for patient EW and only charted the administration of two (2) tablets on February 15, 2012. On March 7, 2012, Licensee submitted a urine sample for a for-cause drug screen and the results were positive for oxycodone.  
 Probation 06/28/2013 to 06/28/2018

**Sovulewski, Katherine M.**  
 House Springs, MO  
**Registered Nurse 2005014038**  
 While employed at the hospital, between March 5, 2012 through April 4, 2012, Licensee stole and diverted to herself twenty-nine mg/ml of Hydromorphone from the hospital and/or its patients. When investigated and confronted licensee admitted to diverting the Hydromorphone to herself and underwent a drug test, which tested positive for Hydromorphone.  
 Probation 07/09/2013 to 07/09/2018

**Nicodemus, Avonda Lynn**  
 Kansas City, MO  
**Registered Nurse 2013025727**  
 On or about March 29, 2006, Petitioner was sentenced upon her pleas of guilty to the crimes of Conspiracy to Obtain and Transfer Money by Fraud and Interstate Transportation of Funds Obtained by Fraud.  
 Probation 07/09/2013 to 07/09/2016

**Wagner, Ebony Forrestina**  
 Florissant, MO  
**Licensed Practical Nurse 2013023536**  
 On May 11, 2007, Licensee entered into a Pretrial Diversion agreement. By signing this Pretrial Diversion agreement on May 11, 2007, Licensee accepted responsibility for falsifying teller deposits totaling \$2,500.00 to another customer's account while Licensee was employed as a teller on or about July 18, 2006 and July 19, 2006. Licensee also accepted responsibility when she signed the Pretrial Diversion agreement on May 11, 2007, for stealing \$2,000.00 from another teller's drawer while Licensee was working as a teller in training on or about October 2, 2006.

Probation continued on page 15



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Probation continued from page 14

Licensee failed to disclose this Pretrial Diversion agreement when she submitted her application for License as a Licensed Practical Nurse by Examination.  
Probation 07/09/2013 to 07/09/2014

**Scholtz, Jennifer L.**  
Chesterfield, MO  
**Registered Nurse 137057**

On or about June 25, 2009, another employee contacted her supervisors and informed them that she had suspicions that Respondent was misappropriating medication in the medication room. Respondent had an empty medication card in her hand which appeared to have had the label torn off. When confronted by administration about the location of the missing medication, Respondent advised that the pills were in her pocket. Respondent removed two Tramadol pills from her pocket. When asked why she had the Tramadol pills in her pocket, Respondent admitted that she had taken the pills for her personal use.  
Probation 07/10/2013 to 07/10/2018

**Bader, Mary K.**  
Ste Genevieve, MO  
**Registered Nurse 093590**  
COUNT I

The records reflected that on January 12, 2013, Licensee withdrew two 50 mg vials of Meperidine at 0942 and wasted the medication at 0947 with nurse RW as witness. Nurse RW did not work on January 12, 2013, and as such did not witness the wasting of any medication. Licensee was requested to provide a for cause urine sample for drug screening on January 12, 2013. After submitting the sample, Licensee informed administration that she had diverted the Meperidine for her personal consumption.  
COUNT II  
On January 13, 2013, Licensee withdrew 100 mg of Meperidine for a patient whose procedure was not scheduled until January 14, 2013, and Licensee withdrew 100 mg of Meperidine for a patient whose procedure was not scheduled until January 16, 2013. Licensee was not scheduled to work on January 13, 2013. On January 30, 2013, Licensee sent a letter of resignation to the Chief Executive Officer. In the letter of resignation, Licensee stated that she diverted the Meperidine on January 13, 2013 for her own personal consumption.  
Probation 07/11/2013 to 07/11/2018

**Thomas, Dwightasha Denise**  
Alton, IL

**Registered Nurse 2010028207**  
On August 17, 2011, Licensee submitted to a urine drug screening test as part of the pre-employment hiring process. On August 23, 2011, the result from Licensee’s drug screen was received and was positive for marijuana.  
Probation 07/22/2013 to 07/22/2015

**Shelton, Carol S.**  
Jackson, MO  
**Registered Nurse 137670**  
Count 1

On January 21, 2009, Licensee was working in the Emergency Department at the hospital. A female came to the ER and advised the desk clerk that she had a miscarriage. The female refused to sign in but left and returned with a small, wrapped bundle. She placed the bundle in a wheelchair and left the ER before anyone could contact her. Licensee unwrapped the bundle and found a miscarried fetus. Licensee placed the fetus in a biohazard bag and placed the bag in the biohazard disposal.  
Count 2  
On or about January 23, 2010, Licensee was assigned to work the observation unit. The Board alleges Licensee failed to correctly assess acute changes in patient P.G. The Board alleges that in a four and one-half hour time frame, Licensee did not properly recognize acute changes in patient P.G., even after other clinical staff voiced and documented concerns related to the patient’s condition. Licensee denies these allegations. The Board alleges Licensee documented on patient P.G.’s chart that she took his blood pressure when in fact she had not. Video surveillance confirmed Patient P.G.’s blood pressure was not taken at the times Licensee noted in his chart that she took his blood pressure. Ms. T asked Licensee how patient P.G. was doing. Licensee stated patient P.G. was “fine.” Ms. T asked Licensee about patient P.G.’s blood pressure. Licensee stated “it was fine.” Ms. T then went to check on patient P.G. and found it so low she was unable to get a blood pressure reading with the monitor. Ms. T then took patient P.G.’s blood pressure with a manual cuff and found him to be “symptomatic” and his pressure was low.  
Probation 07/24/2013 to 07/24/2014

**Logston, Hadin Reed**  
Independence, MO  
**Licensed Practical Nurse 2009006611**

On September 28, 2012, one of the hospice’s patients, who was in licensee’s care, expired. Licensee had left a backpack at the patient’s home. Another nurse from the hospice went to the patient’s home and discovered a 420 ml bottle of Vicodin (that was prescribed to the patient who expired), in the licensee’s backpack. The nurse also discovered in the backpack a vial of Ketoprofen gel that was prescribed to another patient licensee had previously been assigned to care for. When confronted by Hospice staff, Licensee admitted to taking the Vicodin and placing it in the backpack in an attempt to conceal it and remove it from the home. He also admitted to accepting the Ketoprofen gel that was prescribed to the other patient when it was offered to him by the patient. Licensee stated that he had made a poor

PROBATION continued...

decision and that these actions showed that his dependency on Vicodin was escalating.  
Probation 07/26/2013 to 07/26/2018

**Pipes, Ellen Beth**  
Eldon, MO  
**Licensed Practical Nurse 2003010979**

On August 29, 2012, Licensee submitted a urine sample for a random drug test. The urine sample tested positive for marijuana.  
Probation 08/01/2013 to 08/01/2018

**Whipple, John LeMoine, III**  
Lees Summit, MO  
**Registered Nurse 2007032161**

On April 25, 2012, an audit began at the hospital into suspicious usage of controlled substances being withdrawn by Licensee. Evaluation of the drug dispensing cabinet revealed that Demerol vials had been tampered with and the lids to them had been removed and glued back on. When confronted by Hospital staff, Licensee admitted to withdrawing Demerol and diverting it to himself.  
Probation 08/01/2013 to 08/01/2018

**Cragen, Deborah Jo**  
Saint Louis, MO  
**Registered Nurse 2002030317**

On or about August 8, 2002, Licensee submitted an application to the Board to be recognized as an advanced practice nurse - Adult Practice Nurse. Licensee’s application expired because Licensee did not complete the application process. Licensee has never been recognized by the Board to hold herself out or to practice as an advanced practice registered professional nurse - Adult Practice Nurse. The lettering “RN-C, MSN, ANP” were written on Licensee’s lab coat, which Licensee wore while at work. The lettering “RN-C, MSN, ANP” also appeared on letterhead and business cards for Licensee. Licensee signed medical records with the initials “ANP,” which made it appear that she was a nurse practitioner to staff and patients.  
Probation 08/06/2013 to 08/06/2014

**Kellerman, Virginia L.**  
Pilot Grove, MO  
**Registered Nurse 145077**  
Count I

On May 21, 2011, Licensee was displaying erratic behavior. Licensee arrived for her shift late, she ran into the wall when walking, she had her pants on backwards, repeatedly “laughed hysterically” at having her pants on backwards, and removed her pants in the break room. As a result of her erratic behavior, on May 21, 2011 Licensee submitted to a drug test. The drug test results show that Licensee tested positive for Hydrocodone, Hydromorphone, Marijuana Metabolites, and Morphine. The facility discovered discrepancies in Licensee’s documentation of administration and waste of Morphine, Dilaudid, and Fentanyl, all of which are controlled substances. Licensee admitted to diverting the above controlled substance medications for her personal use.  
Count II:  
Licensee diverted eleven hydromorphone syringes, 8 morphine syringes and five Meperidine syringes. At 6:54, Licensee removed a 10 ml saline flush to use as a dilutant. Then during the shift she removed Dilaudid two times, morphine three times, and Demerol three times between 6:55 and 9:09. She would remove the narcotic and replace it with saline then cancel the transaction in the Omnicell. Licensee admitted that she went to the Omnicell and pulled narcotics using a patient’s name that she did not know.” She stated that she “took out every drug that the facility reported missing from Omnicell.” She stated she was not sure how many times she withdrew drugs from the Ominicell but she stated she removed them several times on January 3, 2012.  
Probation 08/09/2013 to 08/09/2018

**Stromme, Geneva L.**  
Overland Park, KS  
**Registered Nurse 098950**

On August 11, 2011, Licensee erred when transcribing a physician’s order. The physician wrote an order for a patient to receive 5mg Norvasc. The patient was already taking Enalapril. Licensee believed that Norvasc and Enalapril were the same family of medications. They are not, though are both used to treat the condition of hypertension. Because she thought they were in the same family of medications, Licensee discontinued one of the medications. Licensee’s position was conveyed to the ordering physician, with the ordering physician indicating he would visit the patient to re-evaluate the medication regimen. Licensee’s position was also written in the facility’s communication book, and communicated to the physician’s nurse. It was later determined the medications were independent and were not the same. Ultimately, the patient did not miss a dose of either medication.  
Probation 08/09/2013 to 02/09/2014

**Lloyd, Jeri Lynn**  
Moscow Mills, MO  
**Registered Nurse 2005021108**

From May 7, 2012 through February 20, 2013, Licensee failed to call in to NTS on two (2) separate days. In addition, on four (4) separate occasions, June 25, 2012, November 13, 2012, November 30, 2012, and December 5, 2012, Licensee reported to a lab and submitted the required sample which showed a low creatinine reading. The creatinine reading for the test on June 25, 2012 was 17.0. The creatinine reading for the test on

PROBATION continued...

November 13, 2012 was 16.0. The creatinine reading for the test on November 30, 2012 was 11.2. The creatinine reading for the test on December 5, 2012 was 11.7. A creatinine reading below 20.0 is suspicious for a diluted sample. The Board did not receive the support group meeting attendance forms that were due on the quarterly due dates of August 20, 2012, November 20, 2012 and February 20, 2013. The Board did receive a support group meeting attendance form on January 6, 2013 that indicated meetings were attended by Licensee from March 24, 2012 through December 31, 2012. Licensee introduced evidence at the hearing on her completion of the continuing education classes. Licensee admitted that her continuing education classes were due by February 18, 2013 and she did not complete the courses until February 23, 2013. Licensee stated that she received the original Probation Violation Complaint filed on January 25, 2013 and did not think she had any other issues that she was out of compliance on.  
Probation 08/26/2013 to 08/26/2018

## SUSPENSION/PROBATION

**McIntosh, Faith Mack**  
Springfield, MO  
**Licensed Practical Nurse 033421**

On July 30, 2012, the DON received reports of Licensee’s behavior over the previous weekend. The DON discovered that Licensee documented the administration of oxycodone to patient LB on July 28, 2012 at 10:00 AM and 2:00 PM when patient LB had left the facility at 9:30 AM. On July 31, 2012, the DON spoke to Licensee about her documentation of administration of narcotics. At this same meeting, the DON requested a for-cause drug screen. The test results showed Licensee tested positive for oxycodone, hydrocodone, and cocaine. Licensee admitted to the DON that she had diverted oxycodone and had been around cocaine. Licensee later admitted to the Board’s investigator that she diverted Baclofen and oxycodone.  
Suspension 07/09/2013 to 01/09/2014  
Probation 1/10/2014 to 1/10/2015

**Culp, Linda M.**  
Joplin, MO  
**Registered Nurse 127180**

From January 30, 2013 through April 19, 2013, Respondent has failed to call in to NTS on one (1) day. Further, on February 8, 2013 and February 28, 2013, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on both days. In accordance with the terms of the Settlement Agreement, Respondent is required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by certified mail to attend a meeting with the Board’s representative on January 8, 2013. Respondent did not attend the meeting. Respondent admitted that she had violated the terms of the Agreement. Respondent testified that she drove while intoxicated in September 2012 and failed a for cause drug test in December 2012. Respondent stated that this discouraged and depressed her, so she continued to drink. Respondent testified that she failed to provide two (2) samples for testing in February 2013 because she was still drinking alcohol at that time. She stated she did not provide the samples for screening as she knew she would test positive for alcohol. Respondent testified

Suspension/Probation continued on page 17



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that she stopped drinking on March 8, 2013, the day before she went to a MADD class mandated by Court for her driving while intoxicated conviction. Respondent admitted to failing to call NTS on February 9, 2013. Respondent testified that she missed the meeting with the Board Discipline Administrator because she did not have transportation to get to Jefferson City. Suspension 07/10/2013 to 07/10/2014 Probation 7/11/2014 to 7/11/2019

**Bruns, Kimberly J.**  
Laurie, MO  
**Registered Nurse 2000162355**  
Licensee was arrested on June 17, 2010 for fraudulently attempting to obtain a controlled substance. On September 12, 2011, Licensee appeared in the Circuit Court of Camden County, Missouri in case number 10CM-CR01046-01 on the charge of fraudulently attempting to obtain a controlled substance, a class D felony in violation of ̄195.204 RSMo, and entered a plea of guilty to the charge. On September 23, 2012, Licensee was charged in the Circuit Court of Camden County, Missouri in case number 12CM-CR01938-01 with fraudulently attempting to obtain a controlled substance, a class D felony in violation of Section 195.204, RSMo based upon another set of circumstances whereupon she called in a prescription to a pharmacy under her sister’s name and picked up the medication of Hydrocodone at the pharmacy, and was subsequently arrested. On November 9, 2012, Licensee pled guilty to the charges of Possession of a Controlled substance except 35 grams or less of Marijuana in violation of Section 195.202, RSMo; and also to Fraudulently attempting to Obtain a Controlled Substance in violation of Section 195.202, RSMo. This occurred as a result of the above conduct in case no. 12CM-CR01938-01 in the Circuit Court of Camden County, Missouri. Suspension 07/12/2013 to 07/12/2014 Probation 7/13/2014 to 7/13/2019

VOLUNTARY SURRENDER

**Dale, Martha Jane**  
Liberty, MO  
**Licensed Practical Nurse 2013006625**  
On June 10, 2013, Licensee voluntarily surrendered her Missouri nursing license  
Voluntary Surrender 06/10/2013

**Hilton, Lori Beth**  
Miller, MO  
**Licensed Practical Nurse 2000146587**  
On April 23, 2013, Licensee was declared totally incapacitated and totally disabled. Licensee has been adjudged incompetent by a court of competent jurisdiction giving cause to discipline her licensed practical nursing license.  
Voluntary Surrender 07/17/2013

**Brandon, Elizabeth Ann**  
Harrisburg, MO  
**Registered Nurse 081065**  
On July 17, 2013, Licensee voluntarily surrendered her Missouri nursing license.  
Voluntary Surrender 07/17/2013

**Walker, Laura Lynn**  
Saint Louis, MO  
**Registered Nurse 2004019364**  
COUNT 1 - On April 29, 2011, a patient reported that Licensee had substituted Tylenol for the prescribed Percocet. The patient reported that Licensee was “jittery” and “shaky” and could not start a Morphine IV, so Licensee instead gave him a Percocet, but it was not effective although previous doses of Percocet had been effective. The patient was confident that it was not a narcotic he received. Other members of the staff reported that during her shift on April 29, 2011, Licensee was jittery, was in the bathroom frequently, had watery eyes, was sick, and had diarrhea. Licensee, when approached, said she was sick and was allowed to go home; however, staff saw her leave the medication room after she was let go for the day. After the patient complaint on April 29, 2011, the hospital reviewed Licensee’s medication records. This review revealed that she failed to document the waste or administration of several controlled substances from February through April 2011.  
COUNT II - In September 2011, the hospital reviewed Licensee’s usage of controlled drugs and her usage was outside the norm for her unit. After the routine check, the hospital reviewed a complete controlled substance activity report for Licensee for the period of September 1-20, 2011. The report revealed that Licensee failed to document the waste or administration of multiple controlled substances.  
COUNT III - Licensee was employed by a Health Center. Licensee’s co-workers reported concerns to supervisory staff about Licensee pulling narcotics for patients that were not assigned to her, not administering narcotics that were pulled, failing to document the administration or wasting of those medications and administering narcotics to patients every three (3) hours when those patients had not received any narcotics for pain on the day shift. Co-workers reported that Licensee would carry vials of narcotics in her pocket and then ask one of the co-workers to witness her wasting the narcotic. Co-workers reported that they would not witness the wasting because they suspected she was diverting and replaced the narcotic with water in the vials. On April 18, 2012, Licensee was observed with several vials of narcotics falling out of her lab coat pockets. When confronted, she reported that she had not had time to

return the vials to the Pyxis machine. An audit of the Pyxis revealed that Licensee did not return any of the vials to the Pyxis. Due to the reports of her co-workers and being observed on several occasions with vials in her pocket, an audit of the Pyxis machine was completed and it was found that there were numerous discrepancies related to Licensee’s administration and documentation of Morphine and Dilaudid. When confronted with the discrepancies on April 25, 2012, Licensee admitted to taking narcotics from the Pyxis for her own personal use.  
COUNT IV - Licensee was employed by a hospital from May 21, 2012 and terminated on September 7, 2012. A routine monthly Pyxis report was reviewed and showed that Licensee accessed narcotics at a higher rate than her peers, specifically, with regard to Percocet and Oxycodone. A more detailed report was produced which revealed a large amount of narcotics withdrawn but not documented as administered or wasted by Licensee for the time period of July 1 through August 31, 2012.  
Voluntary Surrender 08/06/2013

**Hinote, Linda K.**  
Independence, MO  
**Registered Nurse 130716**  
On December 11, 2011, in the PCU, three unopened vials of Ativan were found in a locked cabinet above the computer. Licensee had worked in this area on December 10, 2011, and had removed 8 vials of Ativan. Four of the vials were documented as administered by Licensee. Three vials were found in the locked cabinet. One vial was not documented as administered or wasted. Licensee was sent for a urine drug screen. The December 12, 2011 drug screen on Licensee was positive for Marijuana Metabolites.  
Voluntary Surrender 08/19/2013

**Weeks, Vanessa Jean**  
Springfield, MO  
**Registered Nurse 2002005068**  
Licensee voluntarily surrendered her license effective 8/19/2013.  
Voluntary Surrender 08/19/2013

**Wiley, Summer A.**  
Lees Summit, MO  
**Registered Nurse 2000150472**  
Licensee voluntarily surrendered her license on August 22, 2013.  
Voluntary Surrender 08/22/2013

**Wells, Amy Lynn**  
Glasgow, MO  
**Licensed Practical Nurse 2008030359**  
Licensee voluntarily surrendered her license on August 26, 2013.  
Voluntary Surrender 08/26/2013

REVOKED

**Smith, Tammy L.**  
Poplar Bluff, MO  
**Registered Nurse 111848**  
Respondent was employed as an RN by a healthcare facility, from May 16, 2001 through February 24, 2004. On February 16, 2004, Respondent assisted a discharged patient as she left the facility. The patient was discharged with a 4-pack of hydrocodone. Respondent diverted two hydrocodone tablets for herself while placing the patient’s belongings into her car. On January 25, 2006, she pled guilty to the class B misdemeanor of driving while intoxicated. On March 13, 2007, she pled guilty to the class B misdemeanor of driving while intoxicated.  
Revoked 06/13/2013

**Boyd, Cynthia L.**  
Saint Louis, MO  
**Registered Nurse 113010**  
Respondent’s registered professional nursing license is subject to discipline for misrepresentation, misconduct, dishonesty, and for violating professional trust or confidence. Respondent diverted Tramadol from her employer and tested positive for Tramadol; withdrew multiple medications and controlled substances without documenting the administration or wasting of those substances at two (2) different facilities; and, misrepresented what medications she had withdrawn on behalf of a nine-year-old patient. She withdrew two (2) Tramadol tablets and six other medications for this patient, but only documented the administration of two (2) of the medications and then withdrew six (6) medications for this patient after he was discharged.  
Revoked 06/13/2013

**Person, Juanita A.**  
Saint Louis, MO  
**Registered Nurse 2012026954**  
From October 4, 2012, (the day of the previous probation complaint being filed which resulted in Order #2) until the filing of the Amended Complaint, on May 20, 2013, Respondent failed to call in to NTS on seventeen (17) days. Further, on December 27, 2012, January 15, 2013, February 1, 2013, March 22, 2013 and April 10, 2013, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on each of those days.  
Revoked 06/24/2013

**Witcher, Martha L.**  
Kansas City, MO  
**Registered Nurse 081502**  
On April 16, 2006, while on duty, Respondent was observed to

be impaired. A drug screen revealed the presence of opiates in Respondent.  
Revoked 06/24/2013

**McMellen, Helen**  
Jefferson City, MO  
**Licensed Practical Nurse 035718**  
Respondent was to have submitted an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of June 22, 2012; September 24, 2012; December 24, 2012; and, March 22, 2013.  
Revoked 06/25/2013

**Langston Alman, Christina Ann**  
Kimberling City, MO  
**Licensed Practical Nurse 057919**  
Over the course of May and June 2010, Respondent was observed by co-workers as being erratic, half dazed, unable to concentrate, speaking non-stop, and frequently crying while on duty. On June 25, 2010, due to the aforementioned behavior, Respondent was requested to submit to a drug screen. Respondent refused the drug screen and admitted to consuming marijuana.  
Revoked 06/25/2013

**Lee, Romy B.**  
Newton, KS  
**Licensed Practical Nurse 056935**  
From October 24, 2006, to on or about April 23, 2010, cared for A.Z., an alert and oriented 24-year-old quadriplegic patient with spinal muscular atrophy, a condition rendering him vulnerable and physically unable to care for himself. A.Z. reported that Respondent had been masturbating him to relieve his testicular pain. Respondent began telling A.Z. that he loved him, and refused to stop the sexual activity which had progressed to oral copulation. On or about April 22, 2010, Respondent admitted to his nursing supervisor and administrator that he loved A.Z. and took full responsibility for the inappropriate behavior. Respondent admitted that he continued to perform masturbation for one to two years, and gradually fell in love with A.Z. and thought A.Z. felt the same way toward him. Respondent admitted to giving A.Z. oral sex and kissing him on the lips on or about April 20, 2010, causing A.Z. to become angry. On or about July 8, 2010, Respondent admitted to performing oral sex on his patient, A.Z., on two separate occasions without his consent. On September 9, 2010, Respondent voluntarily surrendered his Arizona nursing license. Pursuant to Arizona law, a voluntary surrender is considered disciplinary action by the Arizona State Board of Nursing.  
Revoked 06/25/2013

**Bono, James M.**  
Saint James, MO  
**Registered Nurse 153825**  
On three separate occasions in July 2010, while on duty for a weekend shift in the intensive care unit, Respondent fell asleep in an empty patient bed. There were four patients with two nurses during these shifts.  
Revoked 06/25/2013

**Stephens, Sandy Kay**  
Lees Summit, MO  
**Registered Nurse 2004019334**  
On August 16, 2010, Respondent documented that she administered two (2) tablets of Percocet to a patient at 12:14 p.m. While Respondent was away from her patients on her lunch break, the patient requested pain medication from another nurse. The nurse refused to give the patient any pain medication, noting that the patient had just received Percocet, according to the chart. The patient advised the nurse that she had not received Percocet and that Respondent had not been in her room recently. When hospital personnel began a search for the missing Percocet, they requested that Respondent empty her pockets. The missing Percocet were located in Respondent’s pockets.  
Revoked 06/25/2013

**Evans, Teresa M.**  
Merriam, KS  
**Licensed Practical Nurse 2003005267**  
On June 9, 2010, Respondent indicated on three dialysis patients’ Medication Administration Records that she had administered Darbepoetin. On June 10, 2010, the pharmacy discovered those three doses of Darbepoetin had not been picked up. The doses of Darbepoetin went bad because they were not picked up by Respondent. Respondent charted administration of Darbepoetin to the three patients.  
Revoked 06/25/2013

**Ruth, Bob G.**  
Bonner Springs, KS  
**Registered Nurse 142411**  
On February 4, 2004, Respondent pled guilty to the felonies of “Aggravated Indecent Liberties with a Child,” “Attempted Aggravated Criminal Sodomy,” and “Indecent Solicitation of a Child.” Respondent is listed as a sexual offender in custody in the State of Kansas.  
Revoked 06/25/2013



*Revoked continued from page 17*

**Gray, Sarah Karinne**  
Bethalto, IL  
**Registered Nurse 2008007622**  
On August 31, 2009, Respondent yelled at family members of a patient and was acting abnormal. The House Supervisor asked Respondent to submit to a drug screen. Respondent tested positive for Hydrocodone, Hydromorphone, Oxycodone, Oxymorphone and Temazepam.  
Respondent was employed at a hospital from October 12, 2009 - November 30, 2009.  
Respondent was found to have removed narcotics without a corresponding physician’s order, ordered narcotics for patients who did not have an order and failed to administer narcotics to the corresponding patients. Respondent withdrew ninety-six (96) vials of Dilaudid (Hydromorphone) that were unaccounted for. Respondent withdrew seven (7) vials of Morphine that were unaccounted for. Respondent withdrew thirteen (13) tablets of Percocet that were unaccounted for. Respondent withdrew ten (10) tablets of Vicodin (Acetaminophen and Hydrocodone) that were unaccounted for. Respondent withdrew two (2) tablets of Darvocet (Acetaminophen and Propoxyphene) that were unaccounted for. Respondent withdrew one (1) tablet of Valium (Diazepam) that was unaccounted for. Respondent withdrew one (1) vial of Demerol (Meperidine) that was unaccounted for.  
Revoked 06/25/2013

**Rhodes, Tracey Mack**  
Bryant, AR  
**Registered Nurse 2001016851**  
On May 11, 2010, the Board received a letter from the U.S. Department of Health and Human Services stating that Licensee was excluded from participation in any capacity in the Medicare, Medicaid and all Federal health care program as defined in section 1128B(f) of the Social Security Act as a result of criminal convictions in the State of Indiana. On October 10, 2007, Licensee pled guilty to four (4) counts of Sexual Battery, in the State of Indiana. Licensee was also ordered to register as a sex offender. Licensee’s Indiana registered professional nursing license was placed on indefinite suspension by the Indiana Board of Nursing for no less than ninety-nine (99) years. Respondent’s conduct as a nurse in Indiana involved committing sexual battery on unconscious or semi-conscious women who were in a hospital under his care.  
Revoked 06/25/2013

**McWilliams, Melinda L.**  
Olathe, KS  
**Registered Nurse 2007018834**  
Respondent was required to contract with the Board approved third party administrator (TPA), currently National Toxicology Specialists, Inc. (NTS), to schedule random witnessed screening for alcohol and other drugs of abuse. Respondent failed to complete the TPA’s contract. Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of April 23, 2013. Respondent was required to submit a thorough chemical dependency evaluation to the Board within six (6) weeks of the effective date of the Agreement. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent’s behalf. Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by certified

*REVOCATION continued...*

mail to attend a meeting with the Board’s representative on January 29, 2013. Respondent did not attend the meeting.  
Revoked 06/25/2013

**Pearon, Misty Kay**  
Chillicothe, MO  
**Licensed Practical Nurse 2002007980**  
On March 19, 2007, Respondent was scheduled to work the 3:00 p.m. to 11:00 p.m. shift at the Center. Respondent did not show up to work that day, nor did she call in to say she would be absent. The administrator for the Center, called Respondent’s home and spoke with Respondent’s husband. He said Respondent was in Florida. Shortly after Respondent was terminated from the Center, the Center was missing the following drugs; Injectable Ativan; One vial of Demerol; and 5 tablets of Oxycodone. Upon the discovery of the missing drugs, staff at the Center conducted mandatory drug screenings on all employees. All employees at the Center tested negative. The Center contacted the police department and reported the stolen drugs. The police department conducted a search of Respondent’s house and found several drugs in the house. The Department confiscated the following items from Respondent’s home: Ativan; 1 vial of morphine; 6 Oxycontin tablets; Syringes; 4 Dollar Bills rolled with white powder residue; Pink capsules marked “W EFFEXOR XR 75”; White plastic bottle 30 ml containing a small amount of liquid morphine; 1 ml single dose vials of Hydroxyzine HCI 50mg/ml with residue; 1 gm vial of Ceftriaxone for injection USP with brown liquid; 4 blue/white tab marked “44/458X600”; 1 pink tab marked “149/93”; 1 white tab marked “L631”/1 white tab marked “DAN/5658”; White tabs marked “WATSON 349” in cellophane wrap; 30 Seroquel 200 tablets and 1 Seroquel 100 tablets in Respondent’s possession; 1 Bottle from the Medicine Shoppe containing 30 Seroquel tablets 300mg. Respondent did not have valid prescriptions for any of the drugs listed above. On October 10, 2007, Respondent pled guilty to felony possession of controlled substance.  
Revoked 06/25/2013

**McFatrigh, Diana L.**  
San Marcos, CA  
**Registered Nurse 145424**  
On May 3, 2005, Respondent was found with the following medications that belonged to facility in her purse: Hydrocodone/ APAP - six (6) tablets, Tramadol - two (2) tablets, Lortab - one (1) tablet, and Seroquel - one (1) tablet. She admitted that she had been diverting the medications for her own use for approximately two (2) months.  
The Board of Registered Nursing, Department of Consumer Affairs (“California Board”) in the State of California filed a disciplinary action against Respondent’s California RN license. The first cause for discipline in the California case was based on Unprofessional Conduct - Drug Diversion at a medical center. On numerous occasions, Respondent withdrew more medication than was ordered by the physician, failed to administer the medication to patients and failed to document the wasting of narcotic medication. The second cause for discipline by California was Unprofessional Conduct - Falsify or Make Grossly Incorrect or Inconsistent Entries. On numerous occasions, Respondent withdrew medication from the Pyxis system, charged the withdrawal to patients who did not receive the drugs or for whom she did not document administration or wastage of the drug. The third cause for discipline was Unprofessional Conduct - Drug Diversion at a hospital and medical center. On numerous occasions, Respondent withdrew

*REVOCATION continued...*


more medication than was ordered by the physician, failed to administer the medication to patients and failed to document the wasting of narcotic medication. The fourth cause for discipline was Unprofessional Conduct - Making Grossly Incorrect or Inconsistent Entries. On numerous occasions, Respondent withdrew medication from the Pyxis system, charged the withdrawal to patients who did not receive the drugs or for whom she did not document administration or wastage of the drug. The fifth cause for discipline was Unprofessional Conduct - Drug Diversion. Respondent was unable to account for her patient’s medication and had sole access and responsibility for liquid narcotics which were found to have been replaced with water. The sixth cause for discipline was Unprofessional Conduct - Using Controlled Substances to an Extent that Impaired Her Ability to Conduct her Duties Safely. Respondent reported for duty as an RN when she was disoriented and had slurred speech. A drug test showed that she was under the influence of five (5) substances. On December 21, 2010, Respondent’s California nursing license was revoked by the California Board.  
Revoked 06/25/2013

**Kaeding, Penny Lou**  
Grandview, MO  
**Registered Nurse 131807**  
Respondent was employed by a nursing and rehab center. On August 17, 2009, the DON of the nursing and rehab center was approached by a CNA. The CNA showed the DON photos that the CNA had taken with her phone while she was in Respondent’s home. The CNA was living with Respondent and had taken these photos at Respondent’s home. The photos depicted multiple cards of prescription medications with the names of residents of the nursing and rehab center and residents of another center where Respondent had worked. The DON provided the CNA with a disposable camera and asked the CNA to take more pictures of the medications in Respondent’s home and bring them back to the DON the next day. When confronted about the photos taken by the CNA, Respondent did not deny that the pictures were taken in her home, but refused to comment on how the medications arrived there. The Department of Health and Human Services investigation indicated that the medication was taken from the rehab center and from another center. On October 12, 2010 Respondent was added to the State of Missouri Department of Health and Senior Services’ employee disqualification registry.  
Revoked 06/25/2013

**DePew, Jessica Lauren**  
Park Hills, MO  
**Registered Nurse 2009034815**  
On August 29, 2010, Respondent was the supervisor and was taking care of B Hall. On August 29, 2010, Respondent signed out Oxycodone for patient, P.J., who was on the A Hall, at 9:00 a.m., 1:00 p.m., and 5:00 p.m. However, the physician’s order for Oxycodone did not come in until 1:30 p.m. On August 29, 2010, Respondent signed out and pre-popped the 6:00 p.m. and the 8:00 p.m. medications before leaving her shift at 3:00 p.m. The medications were not administered and were left unattended. On August 29, 2010, Respondent signed out and pre-popped Oxycodone and Hydrocodone. These medications were not administered by Respondent and were not documented as administered or wasted by any other staff member.  
Revoked 06/25/2013

**Blake, John Christopher**  
Trenton, MO  
**Licensed Practical Nurse 2006024009**  
Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of December 19, 2012 and March 19, 2013. The Order also required Respondent to comply with the Nursing Practice Act. The Board received an exit evaluation from Respondent’s employer on October 18, 2012, stating that the employer had disciplined Respondent for failing to document a fall of a patient; for documenting the withdrawal of Ambien and Methadone for patient C.W. but failing to document the administration or waste of those medications; and, for documenting the withdrawal of HA Lorazepam for patient C.C. but failing to document the administration or waste of that medication. Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by December 19, 2012. The Board did not receive proof of any completed hours.  
Revoked 06/26/2013

*Revoked continued on page 19*



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Revoked continued from page 18

**Sales, Linda A.**  
Agency, MO  
**Registered Nurse 076713**  
Resident F.P. had a history of inappropriate language and behaviors due to brain injury from an aneurysm. On or about June 24, 2009, Resident F.P. bumped into an aide and said she was sorry. Respondent seized Resident F.P.'s walker and cane and forced F.P. to apologize to the aide in front of other residents. This made F.P. cry. Resident F.P. was considered a risk for falling due to macular degeneration, which is why the resident was to use a walker. Later the same day, F.P. went into Respondent's office and asked for her walker. Respondent told F.P. to "get out," and that F.P. was not allowed to have the walker or cane. This incident caused F.P. to cry. In the first week of July 2009, Respondent told F.P. that she was not allowed to play bingo and would have to go to her room. This was done in front of other residents and caused Resident F.P. to cry. Because of the above-described actions, Respondent's name was placed on the Missouri Department of Health and Senior Services Employee Disqualification list pursuant to 660.314, RSMo.  
Revoked 06/26/2013

**Cahill, Sonjia J.**  
Lees Summit, MO  
**Registered Nurse 138397**  
On December 22, 2008, Respondent was observed at work having difficulty with routine duties and having slurred speech. On December 22, 2008, Respondent was observed by a co-worker having trouble logging into the Accudose machine because Respondent could not remember her password. When questioned, Respondent could not articulate for whom she was withdrawing medication. On December 22, 2008, Respondent was observed by a co-worker having difficulty using the portable computer used to document medication administration. Respondent had previously used the portable computer routinely before on a daily basis. On December 22, 2008, a patient reported that Respondent fell asleep while administering an IV for the patient. The Director of Nursing confronted Respondent about the above-mentioned incidents. Respondent admitted to being a recovering alcoholic and that she had "fallen off the wagon" and had begun drinking alcohol again.  
Revoked 06/26/2013

**Noble, Nancy J.**  
Sabetha, KS  
**Registered Nurse 124505**  
Respondent was responsible for patient, P.C., who was a high risk for falls. On September 5, 2010 at 3:00 p.m., patient, P.C., asked for assistance to the restroom due to weakness in her left side. Respondent accommodated patient, P.C., to the restroom with the assistance of the Assistant Director of Nursing, A.H. Respondent left patient, P.C., in the restroom without a call light or other means of letting staff know she was finished. Respondent did not check on patient, P.C., prior to her finishing her shift for the day and she failed to alert the on-coming staff that the patient was in the restroom. After sometime of being left alone and not being able to get anyone to assist her, patient, P.C., attempted to transfer herself from the toilet. She fell, hitting her head causing a laceration and bleeding to the head. As a result of this incident, Respondent was placed on the Employment Disqualification List (EDL) maintained by the Department of Health and Senior Services of the State of Missouri.  
Revoked 06/26/2013

**Davis, Matthew Lee**  
Olathe, KS  
**Registered Nurse 2011038226**  
Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, an affidavit indicating the periods of unemployment. Specific due dates were set out for when Respondent was to turn in these evaluations. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of February 20, 2012 and May 18, 2012. The Board did receive two employer evaluations covering these time periods on May 31, 2012. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of August 20, 2012, November 19, 2012, and February 18, 2013. The Board did receive a statement on April 15, 2013 that was marked "Feb., March, April 12, 2013" in which it was reported that Respondent had been terminated at an unspecified date as a CRNA based on performance issues. Respondent was required to submit a letter from the Florida IPN. The Board did not receive a letter from the Florida IPN by the documentation due date of August 20, 2012. The Board did receive an updated letter that was marked "June, July, August 2012" and included information on Respondent's termination from employment on a previous unspecified date, on September 10, 2012. Respondent was required to obtain

REVOCATION continued...

continuing education hours covering the following categories: Ethics of Nursing Practice; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What every Nurse Should Know, and have the certificate of completion for all hours submitted to the Board by November 19, 2012. The Board did not received proof of any completed hours.  
Revoked 06/26/2013

**Dalton, Tammy Denise**  
Curryville, MO  
**Registered Nurse 2003012801**  
Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. From the beginning of Respondent's probation to May 13, 2013, Respondent failed to call NTS on sixty-one (61) days. In addition, on March 8, 2013, March 21, 2013, and April 9, 2013, Respondent was required to provide a sample for testing and Respondent failed to report to a collection site to provide a sample for screening. Respondent was required to submit a chemical dependency evaluation to the Board within six (6) weeks of the effective date of the Agreement. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the March 7, 2013 due date. Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by certified mail to attend a meeting with the Board's representative on February 5, 2013. Respondent did not attend the meeting or contact the Board to reschedule the meeting. Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of April 24, 2013.  
Revoked 06/26/2013

**Bess, Kimberly A.**  
Springfield, MO  
**Registered Nurse 124117**  
On January 1, 2011, Respondent was alert when she began her shift and became lethargic later in her shift. On January 1, 2011, Respondent fell asleep in the middle of a conversation with another employee and appeared to be impaired. On January 1, 2011, a Dilaudid vial was found in the employee bathroom which Respondent used. On January 1, 2011, Respondent was requested to submit to a drug screen. Respondent's drug screen was positive for opiates and THC, a metabolite of marijuana. When confronted with the results, Respondent admitted to diverting hydromorphone from her employer for her personal consumption. During an interview with the Board's investigator on March 10, 2011, Respondent admitted to diverting Hydromorphone on January 1, 2011 and leaving the syringe lying in the employee bathroom. Respondent further admitted that after injecting herself with Hydromorphone she felt sleepy. Respondent further admitted to smoking marijuana.  
Revoked 06/26/2013

**Jackson, Heather Ann**  
Sheldon, MO  
**Licensed Practical Nurse 2001027606**  
On November 6, 2007, the Idaho Board of Nursing was notified that Respondent had tested positive for opiates. Respondent did not have a prescription for opiates. On February 7, 2008, Respondent surrendered her temporary Idaho nursing license and agreed to enroll in the Program for Recovering Nurses. A drug and alcohol assessment conducted on February 22, 2008 indicated Respondent needed to participate in an Intensive Outpatient Treatment (IOP) program. Respondent did not enroll in IOP or sign a monitoring contract for participation in the Idaho Board's Program for Recovering Nurses. The Idaho Board of Nursing voted to deny Respondent's new application for a nursing license. On December 8, 2008, the Missouri State Board of Nursing received a LPN Petition for License Renewal from Respondent of her nursing license. On Respondent's licensure application, when asked on Question #2 if she had ever "been denied a professional license, certification, registration, or permit," Respondent answered "no." On Respondent's licensure application, when asked on Question #5 if she had ever "voluntarily surrendered or resigned any professional license, certification, registration, or permit," Respondent answered "no." Based on Respondent's application and responses, Respondent's nursing license was renewed. On March 20 2010, the Missouri State Board of Nursing received a LPN Petition for License Renewal from Respondent of her

REVOCATION continued...

nursing license. On Respondent's licensure application, when asked on Question #3 if she had ever "been denied a professional license, certification, registration, or permit," Respondent answered "no." On Respondent's licensure application, when asked on Question #6 if she had ever "voluntarily surrendered or resigned any professional license, certification, registration, or permit," Respondent answered "no." Based on Respondent's 2010 application and responses, Respondent's nursing license was renewed.  
Revoked 06/26/2013

**Shafer, James L.**  
Jackson, MO  
**Registered Nurse 143088**  
Respondent received a refill of a prescription of Lortab, a controlled substance, from his treating physician. He changed the prescription from 25 tablets to 45 on May 28, 2005. He was not authorized to alter a prescription. On July 2, 2005, Respondent was assigned to care for patient D.S. Respondent charted administration of medication to D.S. incorrectly by stating that he gave D.S. the drugs before he withdrew them. On July 4, 2005, Respondent failed to chart that he administered or wasted a narcotic for D.S. On July 3 and July 4, 2005, Respondent was assigned to care for patient D.A. Respondent charted administration of medication to D.A. incorrectly by stating that he gave D.A. the drugs before he withdrew them. On July 3, 2005, Respondent was assigned to care for patient C.F. Respondent failed to chart that he administered or wasted a narcotic for C. F. On July 3, 2005, Respondent was assigned to care for patient N.F. Respondent charted administration of medication to N.F. incorrectly by stating that he gave N. F. the drugs before he withdrew them. On July 5, 2005, Respondent was assigned to care for patient Y.W. Respondent failed to chart that he administered or wasted a narcotic for Y.W. On January 12, 2006, Respondent was assigned to care for patient M.S. M.S. was prescribed Tylenol#3 by a physician. Respondent falsely documented administering Tylenol#3 doses. Respondent failed to follow the physician's order. On January 13, 2006, Respondent was assigned to care for patient P.W. P.W. was prescribed hydrocodone by a physician. Respondent falsely documented administering hydrocodone doses. Respondent failed to follow the physician's order. On January 13, 2006, Respondent was assigned to care for patient P.C. P.C. was prescribed Tylenol#3 by a physician. Respondent falsely documented administering Tylenol#3 doses. Respondent failed to follow the physician's order. On January 14, 2006, Respondent was assigned to care for patient W.B. W.B. was prescribed Lorcet by a physician. He combined two bags of Lorcet. He then falsely documented administering four doses. Respondent failed to follow the physician's order. On January 14, 2006, Respondent was assigned to care for patient I.M. I.M. was prescribed Fiorinal#3 by a physician. Respondent falsely documented administering doses of Fiorinal#3 to I.M. Respondent failed to follow the physician's order.  
Revoked 06/26/2013

**Bowers, Lauren Elizabeth**  
Saint Peters, MO  
**Licensed Practical Nurse 2004029180**  
Respondent practiced nursing without a license from June 1, 2008, through December 14, 2009.  
Revoked 06/26/2013

**Keller, Dianne Michelle**  
Joplin, MO  
**Registered Nurse 2001015677**  
Respondent failed to properly chart the administration and/or wastage of medications to her patients.  
Revoked 06/26/2013

**Deckard, Kathy D.**  
Howard, KS  
**Licensed Practical Nurse 2001026758**  
The Kansas Board of Nursing revoked Respondent's license by default order. Respondent's conduct as a nurse in Kansas involved unprofessional conduct, fraud, deceit, diversion of drugs, and falsification of records.  
Revoked 06/26/2013

**Smith, Jennifer L.**  
Carthage, MO  
**Licensed Practical Nurse 047620**  
Between August 1, 2008 and September 15, 2008, Respondent diverted hydrocodone from the Center for personal use.

Revoked continued on page 20

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Revoked continued from page 20

Therefore, Respondent failed to report to a collection site to provide a sample for testing February 18, 2013, March 5, 2013, March 26, 2013, April 17, 2013, and April 25, 2013. In addition, on February 18, 2013, Respondent reported to a lab and left the collection site before submitting a sample. Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of March 27, 2013. Respondent was required to submit a chemical dependency evaluation to the Board within six (6) weeks of the effective date of the Order. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf. Revoked 07/10/2013

REVOCATION continued...

**Norton, Angela F.**  
Nixa, MO  
**Registered Nurse 116648**  
Respondent failed to call in to NTS on three (3) days. On November 26, 2012, Respondent reported to lab and submitted the required sample which showed a low creatinine reading of 9.9. On December 27, 2012, Respondent again reported to a lab and submitted the required sample that reflected a low creatinine reading of 8.7. On January 11, 2013, Respondent provided a sample with a creatinine reading of 9.0. On January 29, 2013, Respondent provided a sample with a creatinine reading of 15.8. On February 5, 2013, Respondent again reported to a lab and submitted the required sample which showed a low creatinine reading of 12.9. Respondent was required to completely abstain from the use or consumption of alcohol in any form regardless of whether treatment was recommended. On November 1, 2012,

REVOCATION continued...

Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. On February 22, 2013, a phosphatidyl ethanol blood spot test (PEth) was performed on Respondent which was positive for phosphatidyl, a metabolite of ethanol alcohol. Respondent admitted to binge drinking the two weeks before the test. Respondent was required to submit evidence of weekly (or recommended) attendance at Alcoholics Anonymous, Narcotics Anonymous or other support group meetings to the Board at such times as required by the Board, but not less than quarterly. The Board did not receive proof of support group attendance by the February 1, 2013, and the May 1, 2013, documentation due dates. Revoked 07/10/2013

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